

US009131882B2

# (12) United States Patent

# (10) **Patent No.:**

US 9,131,882 B2

(45) **Date of Patent:** 

\*Sep. 15, 2015

# (54) NONINVASIVE MULTI-PARAMETER PATIENT MONITOR

(71) Applicant: Cercacor Laboratories, Inc., Irvine, CA

(US)

(72) Inventors: Ammar Al-Ali, San Juan Capistrano,

CA (US); Massi Joe E. Kiani, Laguna Niguel, CA (US); Mohamed K. Diab, Ladera Ranch, CA (US); Roger Wu, Irvine, CA (US); Rick Fishel, Orange,

CA (US)

(73) Assignee: Cercacor Laboratories, Inc., Irvine, CA

(US)

(\*) Notice: Subject to any disclaimer, the term of this

patent is extended or adjusted under 35

U.S.C. 154(b) by 0 days.

This patent is subject to a terminal dis-

claimer.

(21) Appl. No.: 14/052,604

(22) Filed: Oct. 11, 2013

(65) Prior Publication Data

US 2014/0142402 A1 May 22, 2014

## Related U.S. Application Data

(63) Continuation of application No. 13/477,975, filed on May 22, 2012, now Pat. No. 8,560,032, which is a

(Continued)

(51) **Int. Cl. A61B 5/1455** 

**A61B 5/1455** (2006.01) **G06F 19/00** (2011.01)

(Continued)

(52) U.S. Cl.

CPC ............. A61B 5/14551 (2013.01); A61B 5/0205 (2013.01); A61B 5/0261 (2013.01);

(Continued)

(58) Field of Classification Search

### (56) References Cited

#### U.S. PATENT DOCUMENTS

3,910,701 A 3,998,550 A 10/1975 Henderson et al. (Continued)

#### FOREIGN PATENT DOCUMENTS

DE 3244695 C2 10/1985 EP 0419 223 3/1991

(Continued)

#### OTHER PUBLICATIONS

Burritt, Mary F.; Current Analytical Approaches to Measuring Blood Analytes; vol. 36; No. 8(B); 1990.

(Continued)

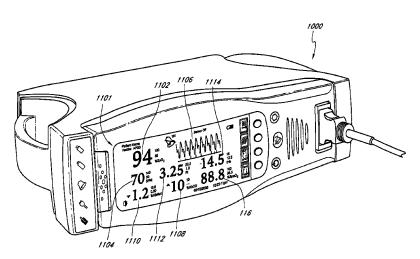
Primary Examiner — Eric Winakur Assistant Examiner — Marjan Fardanesh

(74) Attorney, Agent, or Firm — Knobbe Martens Olson & Bear LLP

#### (57) ABSTRACT

Embodiments of the present disclosure include a handheld multi-parameter patient monitor capable of determining multiple physiological parameters from the output of a light sensitive detector capable of detecting light attenuated by body tissue. For example, in an embodiment, the monitor is capable of advantageously and accurately displaying one or more of pulse rate, plethysmograph data, perfusion quality, signal confidence, and values of blood constituents in body tissue, including for example, arterial carbon monoxide saturation ("HbCO"), methemoglobin saturation ("HbMet"), total hemoglobin ("Hbt"), arterial oxygen saturation ("SpO<sub>2</sub>"), fractional arterial oxygen saturation ("SpaO<sub>2</sub>"), or the like. The monitor can determine which a plurality of light emitting sources and which of a plurality of parameters to measure based on the signal quality and resources available.

#### 18 Claims, 18 Drawing Sheets



#### 4,964,010 A 10/1990 Miyasaka et al. Related U.S. Application Data 4,964,408 A 10/1990 Hink et al. continuation of application No. 11/367,014, filed on 4,967,571 A 11/1990 Sporri 4,975,581 A 12/1990 Robinson et al. Mar. 1, 2006, now Pat. No. 8,224,411. 4,975,647 A 12/1990 Downer et al. 4.986,665 A 1/1991 Yamanishi et al. (60) Provisional application No. 60/657,596, filed on Mar. 4,996,975 A 3/1991 Nakamura 1, 2005, provisional application No. 60/657,281, filed 4.997.769 A 3/1991 Lundsgaard on Mar. 1, 2005, provisional application No. 60/657, 5,025,791 6/1991 Niwa 268, filed on Mar. 1, 2005, provisional application No. RE33,643 E 7/1991 Isaacson et al. 5,028,787 A 7/1991 Rosenthal et al. 60/657,759, filed on Mar. 1, 2005. 5.033,472 A 7/1991 Sato et al. 8/1991 5,041,187 Hink et al. (51) Int. Cl. 5,054,495 A 10/1991 Uemura et al. A61B 5/0205 (2006.01)5,058,588 A 10/1991 Kaestle 5,069,213 A 5,077,476 A 12/1991 A61B 5/145 (2006.01)Polczynski 12/1991 Rosenthal A61B 5/00 (2006.01)5,078,136 A 1/1992 Stone et al. (2006.01)A61B 5/026 5,137,023 A 8/1992 Mendelson et al. A61B 5/0295 (2006.01)5,155,697 A 10/1992 Bunsen 11/1992 5,162,725 A Hodson et al. A61B 5/024 (2006.01)5,163,438 A 11/1992 Gordon et al. (52) U.S. Cl. 5,189,609 A 2/1993 Tivig et al. CPC ...... A61B5/0295 (2013.01); A61B 5/02416 5.190.040 A 3/1993 Aoyagi 5/1993 (2013.01); A61B 5/1455 (2013.01); A61B 5,209,230 A Swedlow et al. 7/1993 *5/14532* (2013.01); *A61B 5/14546* (2013.01); 5.226.053 A Cho et al. 5,246,002 A 9/1993 Prosser A61B 5/14552 (2013.01); A61B 5/6826 5,247,931 9/1993 Norwood (2013.01); A61B 5/7221 (2013.01); A61B 5,259,381 11/1993 Cheung et al. 5/7246 (2013.01); A61B 5/742 (2013.01); 5,267,562 A 12/1993 Ukawa et al. 5,267,563 A A61B 5/7405 (2013.01); A61B 5/746 12/1993 Swedlow et al. 5.278.627 A 1/1994 (2013.01); A61B 5/7475 (2013.01); G06F Aovagi 5.297.548 A 3/1994 Pologe 19/3418 (2013.01); A61B 5/02427 (2013.01); 5.313.940 A 5/1994 Fuse et al. A61B 2562/08 (2013.01); A61B 2562/085 5,319,355 A 6/1994 Russek (2013.01); A61B 2562/222 (2013.01); Y10S 5,331,549 A 7/1994 Crawford, Jr. 5,335,659 A 8/1994 Pologe et al. 439/909 (2013.01) 5,337,744 A 8/1994 Branigan 5,337,745 A 8/1994 Benaron (56)References Cited 5.341.805 A 8/1994 Stavridi et al. 5.348.004 A 9/1994 Hollub U.S. PATENT DOCUMENTS 10/1994 5.351.685 A Potratz 10/1994 5,355,129 A Baumann 4,014,321 A 4,157,708 A 3/1977 March 5,355,880 A 10/1994 Thomas et al. 6/1979 Imura 5,355,882 A 10/1994 Ukawa et al. 4,167,331 A 9/1979 Nielsen 5,361,758 A 11/1994 Hall et al. 4,266,554 A 5/1981 Hamaguri 5,368,224 A 11/1994 Richardson et al. 4,267,844 A 5/1981 Yamanishi D353.195 S 12/1994 Savage et al. 4,446,871 A 5/1984 Imura D353,196 S 12/1994 Savage et al. 4,531,527 A 7/1985 Reinhold et al. 5,377,676 A 5,383,874 A 1/1995 Vari et al. 5/1986 4,586,513 A Hamaguri 1/1995 Jackson et al. 4,621,643 A 11/1986 New et al 5,385,143 A 1/1995 Aoyagi 4,653,498 A 3/1987 New et al. 5,387,122 A 2/1995 Goldberger et al. 4,655,225 A 4/1987 Dahne et al. 5,392,777 2/1995 Swedlow et al. Goldberger et al. 4,685,464 A 8/1987 5,400,267 A 3/1995 Denen et al. 4,694,833 A 9/1987 Hamaguri 5,413,101 5/1995 Sugiura 4,700,708 A 10/1987 New et al. Savage et al. D359,546 S 6/1995 4,714,341 A 12/1987 Hamaguri et al. 5,421,329 A 6/1995 Casciani et al. 4,770,179 A 9/1988 New et al. 6/1995 5,425,362 A Siker et al. 9/1988 4,773,422 A Isaacson et al. 6/1995 5,425,375 A Chin et al. 4,781,195 A 11/1988 Martin 5,427,093 A 6/1995 Ogawa et al. 4,800,885 A 1/1989 Johnson 5,429,128 A 7/1995 Cadell et al. 4,805,623 A 2/1989 Jobsis 5,431,170 7/1995 Mathews 4,822,997 A 4/1989 Fuller et al. 5,435,309 A 7/1995 Thomas et al. 4,832,484 A 5/1989 Aoyagi et al. D361,840 S 8/1995 Savage et al. 4,846,183 A 7/1989 Martin D362,063 S 5,452,717 A 9/1995 Savage et al. 4,854,328 A 4,863,265 A 8/1989 Pollack 9/1995 Branigan et al. 9/1989 Flower et al. D363,120 S 10/1995 Savage et al. 9/1989 4,867,571 A Frick et al. 5,456,252 A 10/1995 Vari et al. 4,868,476 A 9/1989 Respaut RE35,122 E 12/1995 Corenman et al. 4,869,254 A 9/1989 Stone et al. 5,479,934 A 1/1996 Imran 4,890,306 A 12/1989 Noda 5,482,036 A 1/1996 Diab et al. 4,907,876 A 3/1990 Suzuki et al. 5,487,386 A 1/1996 Wakabayashi et al. 4,911,167 A 3/1990 Corenman et al. 5,490,505 A 2/1996 Diab et al. 4,934,372 A 6/1990 Corenman et al. 5,490,523 A 2/1996 Isaacson et al. 4,938,218 A 7/1990 Goodman et al. 5,494,032 A 2/1996 Robinson et al. 7/1990 Sakai et al. 4,942,877 A 5,494,043 A 2/1996 O'Sullivan et al. 4,955,379 A 9/1990 Hall 4/1996 Pologe et al. 5,503,148 A 4,960,126 A 10/1990 Conlon et al. 4,960,128 A 10/1990 Gordon et al. 5,520,177 A 5/1996 Ogawa

# US 9,131,882 B2 Page 3

(56)		Referen	ces Cited	5,810,734 A 5,817,010 A	9/1998 10/1998	Caro et al.
	U.S. P.	ATENT	DOCUMENTS	5,818,985 A	10/1998	Merchant et al.
				5,823,950 A		Diab et al.
5,528,519			Ohkura et al.	5,823,952 A 5,827,182 A	10/1998	Levinson et al.
5,533,507 5,533,511		7/1996 7/1996	Kaspari et al.	5,830,121 A		Enomoto et al.
5,534,851		7/1996		5,830,131 A		Caro et al.
5,551,423	A	9/1996	Sugiura	5,830,137 A	11/1998	
5,553,615			Carim et al.	5,833,618 A 5,839,439 A		Caro et al. Nierlich et al.
5,555,882 5,561,275			Richardson et al. Savage et al.	RE36,000 E	12/1998	
5,562,002		10/1996		5,842,979 A	12/1998	Jarman
5,575,284			Athan et al.	5,850,443 A		Van Oorschot et al.
5,577,500		11/1996		5,851,178 A 5,851,179 A	12/1998	Ritson et al.
5,584,299 5,588,427		12/1996	Sakai et al.	5,853,364 A		Baker, Jr. et al.
5,590,649			Caro et al.	5,857,462 A	1/1999	
5,590,652		1/1997		5,860,099 A	1/1999	Milios et al. Kiani/Azarbayjany et al.
5,595,176			Yamaura	5,860,919 A 5,865,736 A	1/1999 2/1999	Baker, Jr. et al.
5,596,992 5,602,924			Haaland et al. Durand et al.	5,876,348 A	3/1999	Sugo
5,603,323			Pflugrath et al.	5,885,213 A	3/1999	Richardson et al.
5,603,623			Nishikawa et al.	5,890,929 A 5,891,022 A	4/1999 4/1999	Mills et al. Pologe
5,615,672			Braig et al. Chader et al.	5,891,022 A 5,891.024 A	4/1999	Jarman et al.
5,617,857 5,630,413			Thomas et al.	5,900,632 A	5/1999	Sterling et al.
5,632,272			Diab et al.	5,904,654 A	5/1999	Wohltmann et al.
5,638,816			Kiani/Azarbayjany et al.	5,910,108 A 5,916,154 A	6/1999 6/1999	Solenberger Hobbs et al.
5,638,818 5,645,059			Diab et al. Fein et al.	5,919,134 A 5,919,133 A	7/1999	Taylor
5,645,060		7/1997		5,919,134 A	7/1999	Diab
5,645,440			Tobler et al.	5,921,921 A		Potratz et al.
5,651,780			Jackson et al.	5,934,277 A 5,934,925 A	8/1999 8/1999	
5,658,248 5,660,567			Klein et al. Nierlich et al.	5,939,609 A	8/1999	Knapp et al.
5,662,106			Swedlow et al.	5,940,182 A	8/1999	Lepper, Jr. et al.
5,676,139	A	10/1997	Goldberger et al.	5,954,644 A		Dettling
5,676,141		10/1997		5,978,691 A 5,983,122 A	11/1999 11/1999	Jarman et al.
5,678,544 5,685,299			DeLonzor et al. Diab et al.	5,987,343 A	11/1999	Kinast
5,685,301			Klomhaus	5,991,355 A	11/1999	
5,687,719			Sato et al.	5,995,855 A	11/1999 11/1999	Kiani et al. Mannheimer et al.
5,687,722			Tien et al.	5,995,856 A 5,995,859 A	11/1999	Takahashi
5,690,104 5,692,503			Kanemoto et al. Kuenstner	5,997,343 A	12/1999	Mills et al.
5,697,371		12/1997		5,999,841 A	12/1999	Aoyagi et al.
5,713,355			Richardson et al.	6,002,952 A 6,006,119 A	12/1999 12/1999	Diab et al. Soller et al.
5,719,589 5,720,284			Norman et al. Aoyagi et al.	6,011,986 A		Diab et al.
5,720,284			Quinn et al.	6,014,576 A	1/2000	Raley
D393,830	S	4/1998	Tobler et al.	6,018,673 A	1/2000	Chin et al.
5,742,718			Harman et al.	6,018,674 A 6,023,541 A		Aronow Merchant et al.
5,743,262 5,743,263			Lepper, Jr. et al. Baker, Jr.	6,027,452 A		Flaherty et al.
5,746,206			Mannheimer	6,036,642 A		Diab et al.
5,746,697	A	5/1998	Swedlow et al.	6,045,509 A		Caro et al.
5,752,914			Delonzor et al.	6,064,898 A 6,067,462 A		Aldrich Diab et al.
5,755,226 5,758,644			Carim et al. Diab et al.	6,068,594 A		Schloemer et al.
5,760,910			Lepper, Jr. et al.	6,073,037 A		Alam et al.
5,769,785		6/1998	Diab et al.	6,081,735 A 6,083,172 A		Diab et al.
5,772,587 5,779,630			Gratton et al.	6,088,607 A		Baker, Jr. et al. Diab et al.
5,782,237			Fein et al. Casciani et al.	6,094,592 A		Yorkey et al.
5,782,756	A		Mannheimer	6,104,938 A	8/2000	
5,782,757			Diab et al.	6,110,522 A 6,112,107 A		Lepper, Jr. et al. Hannula
5,785,659 5,790,729			Caro et al. Pologe et al.	6,122,042 A		Wunderman et al.
5,790,729			Flaherty et al.	6,124,597 A	9/2000	Shehada
5,792,052	A	8/1998	Isaacson et al.	6,128,521 A	10/2000	Marro et al.
5,793,485			Gourley Vacatle et al	6,129,675 A	10/2000	
5,800,348 5,800,349			Kaestle et al. Isaacson et al.	6,132,363 A 6,144,868 A	10/2000	Freed et al.
5,803,910		9/1998		6,149,588 A		Noda et al.
5,807,246			Sakaguchi et al.	6,151,516 A		Kiani/Azarbayjany et al.
5,807,247			Merchant et al.	6,151,518 A	11/2000	Hayashi
5,810,723		9/1998		6,152,754 A	11/2000	Gerhardt et al.
5,810,724	А	9/1998	Gronvall	6,154,667 A	11/2000	Miura et al.

(56)	References Cited	6,490,684 B1		Fenstemaker et al.
U.S	S. PATENT DOCUMENTS	6,497,659 B1 6,501,974 B2	12/2002 12/2002	
		6,501,975 B2		Diab et al.
6,157,041 A	12/2000 Thomas et al.	6,504,943 B1 6,505,059 B1		Sweatt et al. Kollias et al.
6,157,850 A 6,163,715 A	12/2000 Diab et al. 12/2000 Larsen et al.	6,505,060 B1	1/2003	
6,165,005 A	12/2000 Earsen et al. 12/2000 Mills et al.	6,505,061 B2	1/2003	
6,165,173 A	12/2000 Kamdar et al.	6,505,133 B1	1/2003 1/2003	
6,174,283 B1 6,175,752 B1	1/2001 Nevo et al. 1/2001 Say et al.	6,510,329 B2 6,515,273 B2	2/2003	
6,184,521 B1	2/2001 Say et al. 2/2001 Coffin, IV et al.	6,519,486 B1	2/2003	Edgar, Jr. et al.
6,192,261 B1	2/2001 Gratton et al.	6,519,487 B1	2/2003	
6,206,830 B1	3/2001 Diab et al. 5/2001 Potratz	6,522,398 B2 6,525,386 B1		Cadell et al. Mills et al.
6,226,539 B1 6,229,856 B1	5/2001 Foliatz 5/2001 Diab et al.	6,526,300 B1	2/2003	Kiani et al.
6,230,035 B1	5/2001 Aoyagi et al.	6,526,301 B2		Larsen et al.
6,232,609 B1 6,236,872 B1	5/2001 Snyder et al. 5/2001 Diab et al.	6,528,809 B1 6,537,225 B1	3/2003	Thomas et al. Mills
6,237,604 B1	5/2001 Blab et al. 5/2001 Burnside et al.	6,541,756 B2	4/2003	Schulz et al.
6,241,683 B1	6/2001 Macklem et al.	6,542,763 B1		Yamashita et al.
6,253,097 B1	6/2001 Aronow et al.	6,542,764 B1 6,545,652 B1	4/2003 4/2003	Al/Ali et al. Tsuii
6,256,523 B1 6,262,698 B1	7/2001 Diab et al. 7/2001 Blum	6,546,267 B1	4/2003	Sugiura
6,263,222 B1	7/2001 Diab et al.	6,553,241 B2	4/2003	
6,266,551 B1	7/2001 Osadchy et al.	6,564,077 B2 6,571,113 B1		Mortara Fein et al.
6,272,363 B1 6,278,522 B1	8/2001 Casciani et al. 8/2001 Lepper, Jr. et al.	6,580,086 B1	6/2003	Schulz et al.
6,280,213 B1	8/2001 Tobler et al.	6,582,964 B1	6/2003	
6,285,895 B1 6,285,896 B1	9/2001 Ristolainen et al.	6,584,336 B1 6,584,413 B1	6/2003 6/2003	Ali et al. Keenan et al.
6,285,890 B1 6,295,330 B1	9/2001 Tobler et al. 9/2001 Skog et al.	6,591,123 B2		Fein et al.
6,298,252 B1	10/2001 Kovach et al.	6,594,511 B2	7/2003	
6,298,255 B1	10/2001 Cordero et al.	6,595,316 B2 6,597,932 B2	7/2003 7/2003	Cybulski et al. Tian et al.
6,301,493 B1 6,304,675 B1	10/2001 Marro et al. 10/2001 Osbourn et al.	6,597,933 B2	7/2003	Kiani et al.
6,304,767 B1	10/2001 Soller et al.	6,600,940 B1		Fein et al.
6,317,627 B1	11/2001 Ennen et al.	6,606,509 B2 6,606,510 B2	8/2003 8/2003	
6,321,100 B1 6,325,761 B1	11/2001 Parker 12/2001 Jay	6,606,511 B1		Ali et al.
6,330,468 B1	12/2001 Scharf	6,611,698 B1	8/2003	Yamashita et al.
6,334,065 B1		6,614,521 B2 6,615,064 B1	9/2003 9/2003	Samsoondar et al. Aldrich
6,336,900 B1 6,339,715 B1	1/2002 Alleckson et al. 1/2002 Bahr et al.	6,615,151 B1	9/2003	Scecina et al.
6,341,257 B1	1/2002 Haaland	6,618,602 B2	9/2003	
6,343,224 B1	1/2002 Parker 2/2002 Kiani et al.	6,622,095 B2 6,628,975 B1		Kobayashi et al. Fein et al.
6,349,228 B1 6,351,658 B1	2/2002 Klain et al. 2/2002 Middleman et al.	6,631,281 B1	10/2003	Kastle
6,356,774 B1	3/2002 Bernstein et al.	6,632,181 B2		
6,360,113 B1 6,360,114 B1	3/2002 Dettling 3/2002 Diab et al.	6,639,668 B1 6,640,116 B2	10/2003	Trepagnier Diab
6,363,269 B1	3/2002 Blab et al. 3/2002 Hanna et al.	6,643,530 B2	11/2003	Diab et al.
6,368,283 B1	4/2002 Xu et al.	6,645,142 B2 6,650,917 B2	11/2003	Braig et al. Diab et al.
6,371,921 B1 6,374,129 B1	4/2002 Caro et al. 4/2002 Chin et al.	6,654,623 B1	11/2003	
6,377,828 B1		6,654,624 B2	11/2003	Diab et al.
6,377,829 B1		6,657,717 B2 6,658,276 B2		Cadell et al. Kiani et al.
6,388,240 B2 6,393,310 B1		6,658,277 B2		Wasserman
6,397,091 B2		6,661,161 B1		Lanzo et al.
6,397,092 B1		6,662,033 B2 6,665,551 B1	12/2003	Casciani et al. Suzuki
6,397,093 B1 6,408,198 B1		6,668,183 B2		Hicks et al.
6,411,833 B1	6/2002 Baker, Jr. et al.	6,671,526 B1		Aoyagi et al.
6,415,166 B1	,	6,671,531 B2 6,675,031 B1	1/2003	Al/Ali et al. Porges et al.
6,415,233 B1 6,415,236 B2		6,675,106 B1		Keenan et al.
6,430,437 B1	8/2002 Marro	6,676,600 B1		Conero et al.
6,430,525 B1		6,678,543 B2 6,681,126 B2	1/2004	Diab et al. Solenberger
6,434,408 B1 6,441,388 B1		6,684,090 B2	1/2004	Ali et al.
6,453,184 B1	9/2002 Hyogo et al.	6,684,091 B2	1/2004	Parker
6,455,340 B1		6,687,620 B1		Haaland et al.
6,463,310 B1 6,463,311 B1		6,690,466 B2 6,694,157 B1	2/2004 2/2004	Miller et al. Stone et al.
6,466,824 B1		6,697,655 B2	2/2004	
6,470,199 B1	10/2002 Kopotic et al.	6,697,656 B1	2/2004	Al/Ali
6,480,729 B2		6,697,657 B1		Shehada et al.
6,490,466 B1	12/2002 Fein et al.	6,697,658 B2	2/2004	Al/All

(56)		Referen	ices Cited	6,939,305			Flaherty et al.
	11.0	DATENT	DOCUMENTS	6,943,348 6,944,487			Coffin, IV Maynard et al.
	0.5	. FAILINI	DOCUMENTS	6,950,687		9/2005	
RE38,4	76 E	3/2004	Diab et al.	6,961,598	B2	11/2005	
6,699,1	94 B1		Diab et al.	6,970,792	B1	11/2005	Diab
6,701,1			Stetson	6,975,891			Pawluczyk
6,708,0			Berson et al.	6,979,812		12/2005	
6,711,5			Haaland	6,985,764 6,987,994		1/2006	Mason et al.
6,714,8	803 B1	3/2004	Mortz Al-Ali et al.	6,993,371			Kiani et al.
	304 B2		Jeon et al.	6,996,427			Ali et al.
RE38,4			Diab et al.	6,999,904			Weber et al.
6,719,7		4/2004		7,001,337			Dekker
6,720,7		4/2004		7,003,338 7,003,339			Weber et al. Diab et al.
6,721,5			Trepagnier et al. Baker, Jr. et al.	7,005,339			Baker, Jr. et al.
6,721,5	84 B2	4/2004		7,015,451			Dalke et al.
6,725,0		4/2004		7,024,233			Ali et al.
6,725,0		4/2004		7,027,849		4/2006	
6,726,6			Freeman	7,030,749	B2	4/2006	
	60 B2		Kollias et al.	7,039,449 7,041,060		5/2006 5/2006	Flaherty et al.
6,735,4		5/2004	Parker Pawluczyk et al.	7,041,000		5/2006	
6,741,8 6,741,8			Scecina et al.	7,067,893			Mills et al.
6,743,1		6/2004		7,096,052			Mason et al.
6,745,0	60 B2		Diab et al.	7,096,054			Abdul/Hafiz et al.
6,745,0			Hicks et al.	7,132,641 7,142,901			Schulz et al. Kiani et al.
	253 B2		Norris et al.	7,142,901		12/2006	
6,748,2	254 B2		O'Neil et al. Pologe	7,186,966		3/2007	
6,754,5			Mannheimer	7,190,261		3/2007	
	07 B2	7/2004		7,215,984		5/2007	
6,760,6			Jacques	7,215,986		5/2007	
6,770,0			Ali et al.	7,221,971 7,225,006		5/2007	Al/Ali et al.
6,771,9			Kiani et al.	7,225,000		5/2007	
	97 B2 23 B2	8/2004	Norris et al.	RE39,672			Shehada et al.
6,780,1		8/2004		7,239,905	B2		Kiani/Azarbayjany et al.
6,788,8			Pawluczyk	7,245,953		7/2007	
6,792,3		9/2004	Diab et al.	7,254,429			Schurman et al.
6,800,3			Gorczyca	7,254,431 7,254,433		8/2007 8/2007	Diab et al.
6,801,7			Mannheimer et al.	7,254,434			Schulz et al.
6,801,7 6,810,2		10/2004	Mendelson Edgar, Jr. et al.	7,272,425		9/2007	
6,813,5			Diab et al.	7,274,955			Kiani et al.
6,816,7	41 B2	11/2004		D554,263		10/2007	
6,819,9		11/2004		7,280,858 7,289,835			Al/Ali et al. Mansfield et al.
6,822,5		11/2004		7,289,833			De Felice et al.
6,825,6 6,826,4		11/2004	Diab et al.	7,295,866		11/2007	
6,829,4			Nagai et al.	7,299,080			Acosta et al.
6,829,5	01 B2	12/2004	Nielsen et al.	7,328,053			Diab et al.
6,830,7	'11 B2		Mills et al.	7,332,784	B2		Mills et al.
6,836,6			Baker, Jr. et al.	7,340,287 7,341,559			Mason et al. Schulz et al.
6,839,5	80 B2	1/2005	Zonios et al.	7,343,186			Lamego et al.
6,839,5			Heckel	D566,282		4/2008	Al/Ali et al.
6,842,7		1/2005	Haaland et al.	7,355,512		4/2008	
	56 B2		Chin et al.	7,356,365			Schurman
6,847,8			Yamanishi	7,371,981 7,373,193			Abdul/Hafiz Al/Ali et al.
6,850,7	87 B2	2/2005	Weber et al.	7,373,193			Weber et al.
6,852,0			Caro et al.	7,376,453			Diab et al.
	39 B2	3/2005		7,377,794			Al/Ali et al.
6,861,6			Adams	7,377,899			Weber et al.
6,869,4			Arnold	7,383,070 7,415,297			Diab et al. Al/Ali et al.
	74 B2 52 B2	4/2005	Huiku Al/Ali et al.	7,428,432			Ali et al.
6,912,0	132 B2		Pawluczyk et al.	7,438,683			Al/Ali et al.
	22 B2		Samsoondar et al.	7,440,787		10/2008	
6,919,5		7/2005		7,454,240			Diab et al.
	45 B2		Al/Ali et al.	7,467,002			Weber et al.
6,921,3	67 B2	7/2005		7,469,157			Diab et al.
6,922,6			Haaland et al.	7,471,969			Diab et al.
6,928,3 6,931,2			Pawluczyk et al. Kiani/Azarbayjany et al.	7,471,971 7,483,729			Diab et al. Al/Ali et al.
	69 B2	8/2005		7,483,729			Diab et al.
6,934,5			Kiani et al.	7,489,958			Diab et al.
-,				, ,0	_		<del>-</del> :

(56)		Referei	nces Cited	8,130,105			Al/Ali et al.
	U	S. PATENT	DOCUMENTS	8,145,287 8,150,487			Diab et al. Diab et al.
				8,175,672		5/2012	
	7,496,391 B		Diab et al.	8,180,420 8,182,443		5/2012 5/2012	Diab et al.
	7,496,393 B		Diab et al.	8,185,180			Diab et al.
	D587,657 S 7,499,741 B		Al/Ali et al. Diab et al.	8,190,223			Al/Ali et al.
	7,499,835 B		Weber et al.	8,190,227			Diab et al.
	7,500,950 B		Al/Ali et al.	8,203,438			Kiani et al.
	7,509,154 B		Diab et al.	8,224,411 8,228,181		7/2012	Al/Ali et al.
	7,509,494 B 7,510,849 B		Al/Ali Schurman et al.	8,229,533			Diab et al.
	7,510,849 B		Diab et al.	8,233,955	B2		Al/Ali et al.
	7,530,942 B	5/2009	Diab	8,244,325			Al/Ali et al.
	7,530,949 B		Al Ali et al.	8,255,026 8,255,027		8/2012 8/2012	Al/Ali et al.
	7,530,955 B 7,563,110 B		Diab et al. Al/Ali et al.	8,255,028			Al/Ali et al.
	7,596,398 B		Al/Ali et al.	8,260,577	B2	9/2012	Weber et al.
	7,606,861 B	2 10/2009	Killcommons et al.	8,265,723			McHale et al.
	7,618,375 B		Flaherty	8,274,360 8,301,217			Sampath et al. Al/Ali et al.
	D606,659 S 7,647,083 B		Kiani et al. Al/Ali et al.	8,310,336			Muhsin et al.
	D609,193 S		Al/Ali et al.	8,315,683	$\overline{\mathrm{B2}}$		Al/Ali et al.
	D614,305 S		Al/Ali et al.	RE43,860		12/2012	
	RE41,317 E		Parker	8,337,403			Al/Ali et al.
	7,729,733 B		Al/Ali et al.	8,346,330 8,353,842			Lamego Al/Ali et al.
	7,734,320 B 7,761,127 B	52 6/2010 52 7/2010	Al/Ali Al/Ali et al.	8,355,766			MacNeish, III et al.
	7,761,128 B		Al/Ali et al.	8,359,080			Diab et al.
	7,764,982 B		Dalke et al.	8,364,223			Al/Ali et al.
	D621,516 S		Kiani et al.	8,364,226 8,374,665			Diab et al. Lamego
	7,791,155 B 7,801,581 B			8,385,995			Al/Ali et al.
	7,801,361 B		Schurman et al.	8,385,996	B2		Smith et al.
	RE41,912 E	11/2010		8,388,353			Kiani et al.
	7,844,313 B		Kiani et al.	8,399,822 8,401,602		3/2013 3/2013	
	7,844,314 B 7,844,315 B	32 11/2010 32 11/2010		8,405,608			Al/Ali et al.
	7,865,222 B		Weber et al.	8,414,499			Al/Ali et al.
	7,873,497 B		Weber et al.	8,418,524		4/2013	
	7,880,606 B		Al/Ali	8,423,106 8,428,967			Lamego et al. Olsen et al.
	7,880,626 B 7,891,355 B		Al/Ali et al. Al/Ali et al.	8,430,817			Al/Ali et al.
	7,891,353 B		Al/Ali et al.	8,437,825	B2	5/2013	Dalvi et al.
	7,899,507 B		Al/Ali et al.	8,455,290			Siskavich
	7,899,518 B		Trepagnier et al.	8,457,703 8,457,707		6/2013 6/2013	
	7,904,132 B 7,909,772 B		Weber et al. Popov et al.	8,463,349			Diab et al.
	7,910,875 B		Al/Ali	8,466,286			Bellott et al.
	7,919,713 B	4/2011	Al/Ali et al.	8,471,713			Poeze et al.
	7,937,128 B		Al/Ali	8,473,020 8,483,787			Kiani et al. Al/Ali et al.
	7,937,129 B 7,937,130 B		Mason et al. Diab et al.	8,489,364			Weber et al.
	7,941,199 B		Kiani	8,498,684	B2	7/2013	Weber et al.
	7,951,086 B	5/2011	Flaherty et al.	8,509,867			Workman et al.
	7,957,780 B		Lamego et al.	8,515,509 8,523,781		9/2013	Bruinsma et al.
	7,962,188 B 7,962,190 B		Kiani et al. Diab et al.	8,529,301			Al/Ali et al.
	7,976,472 B		Kiani	8,532,727			Ali et al.
	7,988,637 B			8,532,728 D602,145			Diab et al.
	7,990,382 B 7,991,446 B			D692,145 8,547,209			Al-Ali et al. Kiani et al.
	8,000,761 B		Al/Ali et al. Al/Ali	8,548,548		10/2013	
	8,008,088 B		Bellott et al.	8,548,550			Al/Ali et al.
	RE42,753 E		Kiani/Azarbayjany et al.	8,560,032 8,560,034	B2		Al/Ali et al.
	8,019,400 B		Diab et al.	8,570,167		10/2013	Diab et al.
	8,028,701 B 8,029,765 B		Al/Ali et al. Bellott et al.	8,570,503			Vo et al.
	8,036,728 B		Diab et al.	8,571,617	B2	10/2013	Reichgott et al.
	8,046,040 B	2 10/2011	Ali et al.	8,571,618			Lamego et al.
	8,046,041 B		Diab et al.	8,571,619			Al-Ali et al.
	8,046,042 B 8,048,040 B		Diab et al. Kiani	8,577,431 8,581,732			Lamego et al. Al-Ali et al.
	8,050,728 B		Al/Ali et al.	8,584,345			Al-Ali et al.
	RE43,169 E		Parker	8,588,880	B2		Abdul-Hafiz et al.
	8,118,620 B		Al/Ali et al.	8,600,467			Al-Ali et al.
	8,126,528 B		Diab et al.	8,606,342		1/2013	
	8,128,572 B	5/2012	Diab et al.	8,626,255	D2	1/2014	Al-Ali et al.

# **US 9,131,882 B2**Page 7

(56)	Referen	ces Cited	2002/0156353		10/2002	
U	S. PATENT	DOCUMENTS	2002/0159002 2002/0161291		10/2002 10/2002	Kianl et al.
			2002/0165440			Mason et al.
8,630,691 B		Lamego et al.	2002/0183819 2003/0045784		12/2002	Struble Palatnik et al.
8,634,889 B 8,641,631 B		Al-Ali et al. Sierra et al.	2003/0045785			Diab et al.
8,652,060 B			2003/0049232			Page et al.
8,663,107 B			2003/0109775			O'Neil et al.
8,666,468 B 8,667,967 B		Al-Ali Al-Ali et al.	2003/0116769 2003/0117296		6/2003	Song et al. Seely
8,670,811 B		O'Reilly	2003/0120160		6/2003	
8,670,814 B		Diab et al.	2003/0120164			Nielsen et al.
8,676,286 B		Weber et al.	2003/0135099 2003/0139657		7/2003 7/2003	Al-Ali Solenberger
8,682,407 B RE44,823 E			2003/0160257			Bader et al.
RE44,875 E		Kiani et al.	2003/0195402			Fein et al.
8,690,799 B		Telfort et al.	2004/0006261 2004/0033618			Swedlow et al. Haass et al.
8,700,112 B 8,702,627 B		Kıanı Telfort et al.	2004/0033018		2/2004	
8,706,179 B			2004/0059209		3/2004	Al-Ali et al.
8,712,494 B		MacNeish, III et al.	2004/0064259 2004/0081621			Haaland et al. Arndt et al.
8,715,206 B 8,718,735 B		Telfort et al. Lamego et al.	2004/0091021		5/2004	
8,718,737 B		Diab et al.	2004/0133087	A1	7/2004	Ali et al.
8,718,738 B	2 5/2014	Blank et al.	2004/0138538			Stetson
8,720,249 B			2004/0138540 2004/0147822			Baker, Jr. et al. Al-Ali et al.
8,721,541 B 8,721,542 B		Al-Ali et al. Al-Ali et al.	2004/0147823			Kiani et al.
8,723,677 B	1 5/2014	Kiani	2004/0158132			Zaleski
8,740,792 B		Kiani et al.	2004/0158134 2004/0158135			Diab et al. Baker, Jr. et al.
8,754,776 B 8,755,535 B		Poeze et al. Telfort et al.	2004/0162472			Berson et al.
8,755,856 B	2 6/2014	Diab et al.	2004/0167382			Gardner et al.
8,755,872 B	1 6/2014	Marinow	2004/0176670 2004/0181134			Takamura et al. Baker, Jr. et al.
8,761,850 B 8,764,671 B		Lamego	2004/0181134			O'Neil et al.
8,768,423 B		Shakespeare et al.	2004/0204639	Al	10/2004	Casciani et al.
8,771,204 B	2 7/2014	Telfort et al.	2004/0204868			Maynard et al.
8,777,634 B		Kiani et al. Diab et al.	2004/0229391 2004/0262046			Ohya et al. Simond et al.
8,781,543 B 8,781,544 B		Al-Ali et al.	2004/0267103		12/2004	
8,781,549 B		Al-Ali et al.	2004/0267140		12/2004	
8,788,003 B		Schurman et al.	2005/0011488 2005/0043902			Doucet Haaland et al.
8,790,268 B 8,801,613 B		Al-Ali et al.	2005/0049469			Aoyagi et al.
8,821,397 B		Al-Ali et al.	2005/0054908			Blank et al.
8,821,415 B		Al-Ali et al.	2005/0070773 2005/0070775			Chin et al. Chin et al.
8,830,449 B 8,831,700 B		Lamego et al. Schurman et al.	2005/0075546			Samsoondar et al.
8,840,549 B		Al-Ali et al.	2005/0085704			Schulz et al.
8,847,740 B		Kiani et al.	2005/0085735 2005/0124871			Baker, Jr. et al. Baker, Jr. et al.
8,849,365 B 8,852,094 B		Smith et al. Al-Ali et al.	2005/0124871			Baker, Jr. et al.
8,852,994 B		Wojtczuk et al.	2005/0143943		6/2005	Brown
8,868,147 B			2005/0148834 2005/0184895			Hull et al. Petersen et al.
8,868,150 B 8,870,792 B		Al-Ali et al. Al-Ali et al.	2005/0187447			Chew et al.
8,886,271 B		Kiani et al.	2005/0187448	A1		Petersen et al.
8,888,539 B	2 11/2014	Al-Ali et al.	2005/0187449			Chew et al. Chew et al.
8,888,708 B 8,892,180 B		Diab et al. Weber et al.	2005/0187450 2005/0187452			Petersen et al.
8,897,847 B			2005/0187453	A1		Petersen et al.
8,909,310 B	2 12/2014	Lamego et al.	2005/0197549			Baker, Jr.
2001/0044700 A		Kobayashi et al. Schulz et al.	2005/0197579 2005/0197793			Baker, Jr. Baker, Jr.
2001/0045532 A 2002/0021269 A			2005/0203357			Debreczeny et al.
2002/0026107 A	.1 2/2002	Kiani et al.	2005/0209515			Hockersmith et al.
2002/0035318 A		Mannheimer et al.	2005/0228253 2005/0250997		10/2005	Debreczeny Takeda et al.
2002/0038078 A 2002/0038081 A		Ito Fein et al.	2006/0030764			Porges et al.
2002/0059047 A	.1 5/2002	Haaland	2006/0210120	A1	9/2006	Rowe et al.
2002/0068858 A		Braig et al.	2006/0211922			Al-Ali et al.
2002/0082488 A 2002/0095077 A		Al-Ali et al. Swedlow et al.	2006/0211923 2006/0211924			Al-Ali et al. Smith et al.
2002/0095077 A 2002/0095078 A		Mannheimer et al.	2006/0211924			Lamego et al.
2002/0111748 A		Kobayashi et al.	2006/0211932		9/2006	Al-Ali et al.
2002/0115919 A			2006/0226992			Al-Ali et al.
2002/0154665 A	.1 10/2002	Funabashi et al.	2006/0229509	Al	10/2006	Al-Ali et al.

(56)	Referen	ices Cited	2014/0121482			Merritt et al.
U.S.	PATENT	DOCUMENTS	2014/0121483 2014/0125495		5/2014 5/2014	
			2014/0127137			Bellott et al.
2006/0238358 A1		Al-Ali et al.	2014/0128696 2014/0128699		5/2014 5/2014	Al-Ali et al.
2006/0241358 A1 2006/0241363 A1		Al-Ali et al. Al-Ali et al.	2014/0129702			Lamego et al.
2009/0247984 A1		Lamego et al.	2014/0135588			Al-Ali et al.
2009/0275844 A1	11/2009		2014/0142399 2014/0142401			Al-Ali et al. Al-Ali et al.
2009/0299157 A1 2010/0004518 A1		Telfort et al. Vo et al.	2014/0142402			Al-Ali et al.
2010/0030040 A1	2/2010	Poeze et al.	2014/0163344		6/2014	
2010/0069725 A1	3/2010 10/2010	Al-Ali	2014/0163402 2014/0166076			Lamego et al. Kiani et al.
2010/0261979 A1 2010/0317936 A1		Al-Ali et al.	2014/0171763		6/2014	Diab
2011/0001605 A1	1/2011	Kiani et al.	2014/0180038		6/2014	
2011/0009719 A1 2011/0082711 A1		Al-Ali et al. Poeze et al.	2014/0180154 2014/0194709			Sierra et al. Al-Ali et al.
2011/0082/11 A1 2011/0105854 A1		Kiani et al.	2014/0194711		7/2014	Al-Ali
2011/0172967 A1		Al-Ali et al.	2014/0194766		7/2014 7/2014	Al-Ali et al.
2011/0208015 A1 2011/0209915 A1		Welch et al. Telfort et al.	2014/0200420 2014/0200422			Weber et al.
2011/0203313 A1 2011/0213212 A1		Al-Ali	2014/0206963	A1	7/2014	Al-Ali
2011/0230733 A1		Al-Ali	2014/0213864 2014/0243627			Abdul-Hafiz et al. Diab et al.
2011/0237911 A1 2011/0237914 A1		Lamego et al. Lamego	2014/0243627			Al-Ali et al.
2012/0059267 A1		Lamego et al.	2014/0275808		9/2014	Poeze et al.
2012/0116175 A1		Al-Ali et al.	2014/0275835 2014/0275871			Lamego et al. Lamego et al.
2012/0179006 A1 2012/0209082 A1		Jansen et al. Al-Ali	2014/0275871			Merritt et al.
2012/0209082 A1		Olsen et al.	2014/0275881			Lamego et al.
2012/0227739 A1	9/2012		2014/0288400 2014/0296664			Diab et al. Bruinsma et al.
2012/0265039 A1 2012/0283524 A1	10/2012	Kiani Kiani et al.	2014/0303520			Telfort et al.
2012/0286955 A1		Welch et al.	2014/0309506			Lamego et al.
2012/0296178 A1		Lamego et al.	2014/0309559 2014/0316228			Telfort et al. Blank et al.
2012/0319816 A1 2012/0330112 A1	12/2012 12/2012	Al-All Lamego et al.	2014/0323825			Al-Ali et al.
2013/0023775 A1	1/2013	Lamego et al.	2014/0330092			Al-Ali et al. Merritt et al.
2013/0041591 A1 2013/0045685 A1	2/2013 2/2013	Lamego	2014/0330098 2014/0330099			Al-Ali et al.
2013/0046204 A1		Lamego et al.	2014/0333440	A1	11/2014	
2013/0060108 A1		Schurman et al.	2014/0336481		11/2014 11/2014	Shakespeare et al.
2013/0060147 A1 2013/0079610 A1		Welch et al. Al-Ali	2014/0343436	AI	11/2014	Kiani
2013/0096405 A1		Garfio	FC	DREIG	N PATE	NT DOCUMENTS
2013/0096936 A1 2013/0109935 A1		Sampath et al. Al-Ali et al.	ED	0.5.60		2/1002
2013/0162433 A1		Muhsin et al.	EP EP	0569	5541	2/1993 10/1995
2013/0178749 A1		Lamego	EP		9395 B1	2/1996
2013/0190581 A1 2013/0197328 A1		Al-Ali et al. Diab et al.	EP		7447 B1	10/1997
2013/0211214 A1	8/2013	Olsen	EP EP		6356 B1 4221 B1	6/1998 7/1998
2013/0243021 A1 2013/0253334 A1		Siskavich Al-Ali et al.	EP	189	5892	5/2010
2013/0274571 A1		Diab et al.	EP JP	230: 61/2:	5104 8172	4/2011 2/1986
2013/0296672 A1		O'Neil et al.	JP	62/00		1/1987
2013/0317327 A1 2013/0317370 A1		Al-Ali et al. Dalvi et al.	JP	63/27:		11/1988
2013/0324808 A1	12/2013	Al-Ali et al.	JP JP	64/50 2/14:		2/1989 12/1990
2013/0324817 A1 2013/0331670 A1	12/2013 12/2013		JP	05/20	7993	8/1993
2013/0331070 A1 2013/0338461 A1		Lamego et al.	JP H	:06-17 :6/50		6/1994 7/1994
2014/0012100 A1	1/2014		JP	6/23		8/1994
2014/0025306 A1 2014/0034353 A1		Weber et al. Al-Ali et al.	JP		-391	1/1995
2014/0051952 A1		Reichgott et al.		[07-17 [07-17		7/1995 7/1995
2014/0051953 A1		Lamego et al. Al-Ali et al.	JP	7/28	1618	10/1995
2014/0051954 A1 2014/0058230 A1		Abdul-Hafiz et al.	JP JP	07/32: 9/19:		12/1995 7/1997
2014/0066783 A1	3/2014	Kiani et al.	JP	10/50		6/1998
2014/0077956 A1 2014/0081097 A1		Sampath et al. Al-Ali et al.	JP	10/21	6112	8/1998
2014/0081097 A1 2014/0081100 A1		Muhsin et al.	JP JP	10/509 10/269		9/1998 10/1998
2014/0081175 A1		Telfort	JP	10/29		11/1998
2014/0094667 A1 2014/0100434 A1		Schurman et al. Diab et al.	JP	10/30:		11/1998
2014/0100434 A1 2014/0114199 A1		Lamego et al.	JP JP	11/16: 11/16		6/1999 6/1999
2014/0120564 A1		Workman et al.	JP	11/50		6/1999

(56)	Refere	ences Cited	Japanese Office Action re JP Application N Jul. 13, 2011.
	FOREIGN PAT	ENT DOCUMENTS	Japanese Office Action re JP Application Nov. 8, 2011.
JP	11/183377	7/1999	Japanese Office Action re JP Application No
ĴР	2000/116625	4/2000	Aug. 23, 2011.
JP	2001-504256	3/2001	Japanese Office Action re JP Application No
JP	2002/516689	6/2002	Nov. 8, 2011.
JP	2002/228579	8/2002	Japanese Office Action re JP Application N
JР	2002/525151	8/2002	Oct. 25, 2011.
JP	2002/315739	10/2002	Japanese Office Action re JP Application N
JP	2003/507718	2/2003	Oct. 25, 2011.
JР	2003/084108	3/2003	Japanese Office Action, re JP Application N
JР	2003/521985	7/2003	Aug. 1, 2011.
JP	2004/070179	3/2004	Kuenstner, et al., J. Todd; Measurement of
JP	2004/226277	8/2004	Blood by Near/Infrared Spectroscopy; vol. 4
JP	2004/510467	8/2004	Manzke, et al., B., Multi Wavelength Pulse
JP	2004/296736	10/2004	surement of Hemoglobin Fractions; vol. 267
JP	2004/532526	10/2004	Naumenko, E. K.; Choice of Wavelengths for
JP	2004/327760	11/2004	of Concentrations of Hemoglobin Derivative
JP	2005/501589	1/2005	tra of Erythrocytes; vol. 63; No. 1; pp. 60/66 J
JP	2005/253478	9/2005	article submitted Nov. 3, 1994.
JP WO	4879913 WO 88/01150	12/2011 2/1988	Patent Cooperation Treaty (PCT) Internation
WO	WO 88/02020	2/1988	US 2006/007389; Date of Mailing Jul. 17, 2
wo	WO 92/16142	10/1992	PCT International Search Report; PCT/US
WO	WO 93/06776	4/1993	Mailing Jul. 17, 2006; pp. 1/9.
WO	WO 95/16387	6/1995	PCT International Search Report; PCT/US
WO	WO 96/13208	5/1996	Mailing Jul. 17, 2006; pp. 1/9.
WO	WO 97/01985	1/1997	PCT International Search Report; PCT/US
WO	WO 97/29678	8/1997	Mailing Jul. 17, 2006; pp. 1/10.
WO	WO 97/29710	8/1997	
WO	WO 98/43071	10/1998	PCT International Search Report; PCT/US
WO	WO 00/18290	4/2000	Mailing Jul. 17, 2006; pp. 1/9.
WO	WO 00/42911	7/2000	PCT International Search Report; PCT/US
WO	WO 00/59374	10/2000	Mailing Jul. 17, 2006; pp. 1/10.
WO	WO 01/13790	3/2001	PCT International Search Report; PCT/US
WO	WO 01/30414	5/2001	Mailing Jul. 17, 2006; pp. 1/9.
WO	WO 01/58347	8/2001	PCT International Search Report; PCT/US
WO	WO 02/17780	3/2002	Mailing Jul. 17, 2006; pp. 1/9.
WO	WO 0217780	3/2002	PCT International Search Report; PCT/US
WO	WO 02/26123	4/2002	Mailing Jul. 17, 2006; pp. 1/9.
WO	WO 02/089664	11/2002	PCT International Search Report; PCT/US
WO	WO 03/020129	3/2003	Mailing Jul. 17, 2006; pp. 1/8.
WO	WO 03/068060	8/2003	PCT Search Report of International Applica
WO WO	WO 2004/034898	4/2004	058327, Mailing Date of Jun. 30, 2009, in 1
	WO 2005/011488	2/2005	PCT Search Report of International Applica
WO	WO 2006/094168 OTHER PU	9/2006 UBLICATIONS	058327, Mailing Date of Aug. 12, 2008, in 6 Schmitt, Joseph M.; Simple Photon Diffusio
_			of Multiple Scattering on Pulse Oximetry;

European Examination Report dated Apr. 1, 2010, re EP App. No. 08 744 412.1 / 2319.

European Examination Report dated Mar. 18, 2011, re EP App. No. 08 744 412.1 / 2319.

European Examination Report dated Sep. 2, 2010, re EP App. No. 08 744 412.1 / 2319.

European Extended Search Report re EPO App. No. 10162402.1, SR dated Aug. 9, 2010.

Hall, et al., Jeffrey W.; Near/Infrared Spectrophotometry: A New

Dimension in Clinical Chemistry; vol. 38; No. 9; 1992. International Search Report for PCT/US2006/007516, mailed on Jan.

11, 2007, in 4 pages. Japanese First Office Action (Notice of Reasons for Rejection), re JP

App. No. 2007/558207, dated Jun. 28, 2011. Japanese First Office Action (Notice of Reasons for Rejection), re JP

App. No. 2007/558247, dated Jun. 28, 2011. Japanese Office Action (Notice of Allowance), re JP App. No. 2007/

558247, dated Oct. 24, 2011.

Japanese Office Action (Notice of Reasons for Rejection) re JP App. No. 2007/558246, dated Jun. 28, 2011.

Japanese Office Action (Notice of Reasons for Rejection), re JP App. No. 2007/558238, dated Jun. 28, 2011.

No. 2007/558249, dated

No. 2007/558249, dated

o. JP 2007/558208, dated

o. JP 2007/558248, dated

No. 2007/558209, dated

No. 2007/558245, dated

No. 2007/558237, dated

Hemoglobin in Unlysed 48; No. 4, 1994.

se OXimetry in the Mea-576, date unknown.

for Stable Determination es from Absorption Spec-Jan./Feb. 1996; Original

onal Search Report; PCT/ 2006; pp. 1/9.

JS2006/007387; Date of

JS2006/007388; Date of

JS2006/007506; Date of

JS2006/007536; Date of

JS2006/007537; Date of

JS2006/007538; Date of

JS2006/007539; Date of

JS2006/007540; Date of

JS2006/007958; Date of

cation No. PCT/US2008/

12 pages. cation No. PCT/US2008/ 6 pages.

on Anaylsis of the Effects y; Mar. 14, 1991; revised Aug. 30, 1991.

Schmitt, Joseph M.; Zhou, Guan/Xiong; Miller, Justin, Measurement Hematocrit byDual/wavelength Photoplethysmography, published May 1992, Proc. SPIE vol. 1641, p. 150/161, Physiological Monitoring and Early Detection Diagnostic Methods, Thomas S. Mang; Ed. (SPIE homepage), in 12 pages. Schnapp, et al., L.M.; Pulse Oximetry. Uses and Abuses; Chest 1990; 98; 1244/1250001 10.1378/Chest.98.5.1244.

US 8,845,543, 09/2014, Diab et al. (withdrawn).

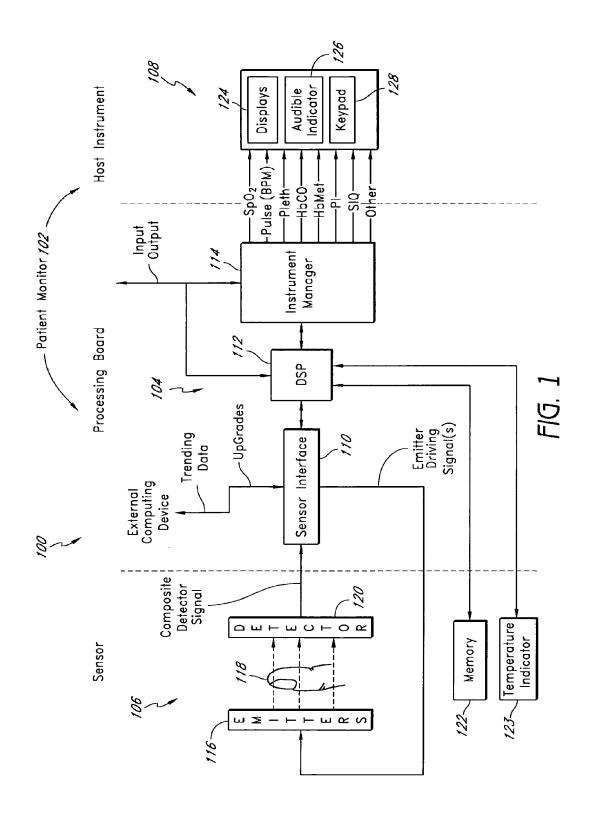
"Application Note 84 Use of Add-Only Memory for Secure Storage of Monetary Equivalent Data," Dallas Semiconductor, in 5 pages. Dallas Semiconductor Corp: DS2430A Announcement, retrieved Jun. 10, 1998, in 2 pages. <a href="mailto:ref">https://web.archive.org/web/</a> 19980610045525/http://dalsemi.com/News\_Center/New\_Products/1996/2430a.html>.

Favennec, J.M. "Smart sensors in industry." J. Phys. E: Sci. Instrum. 20 (1987): pp. 1087-1090.

Jones, K.L., et al. "A Protocol for Automatic Sensor Detection and Identification in a Wireless Biodevice Network." 1998, 6 pages.

"Medical." 50 Ways to Touch Memory. 3rd ed. Dallas: Dallas Semiconductor Corporation, 1994: pp. 24-25. Print.

Subramanian, S., et al. "Design for Constraint Violation Detection in Safety-Critical Systems." 1998: pp. 1-8.



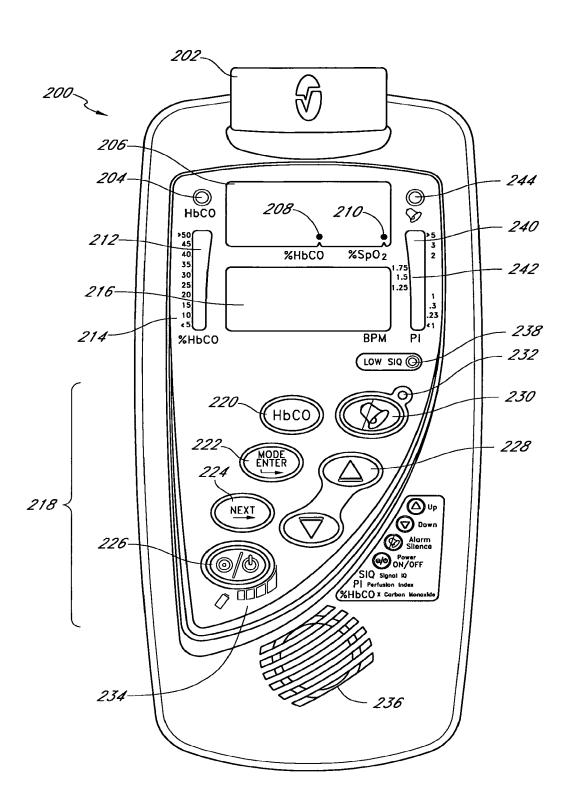
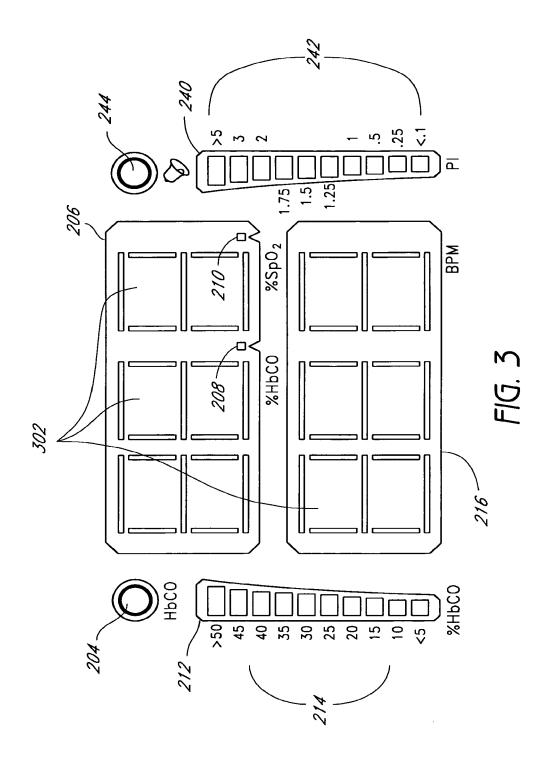
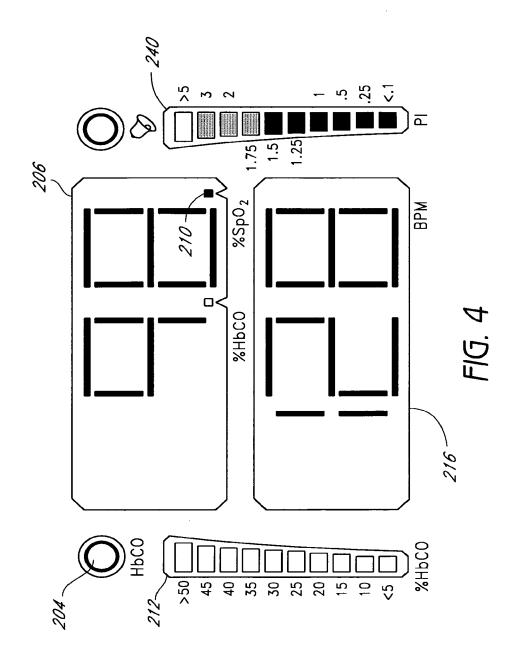
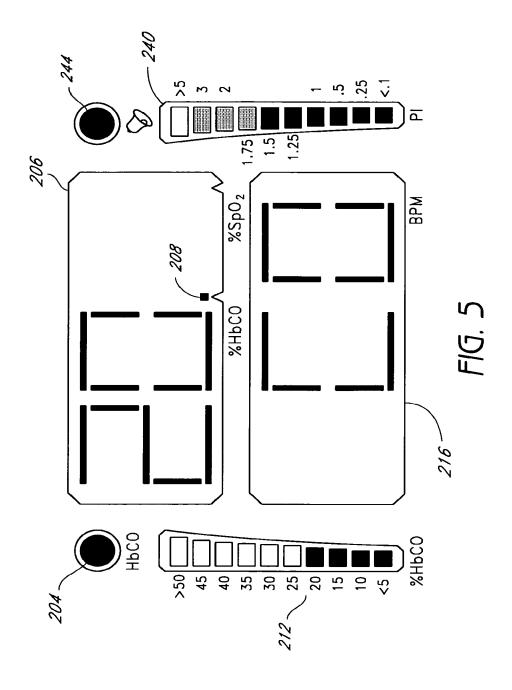
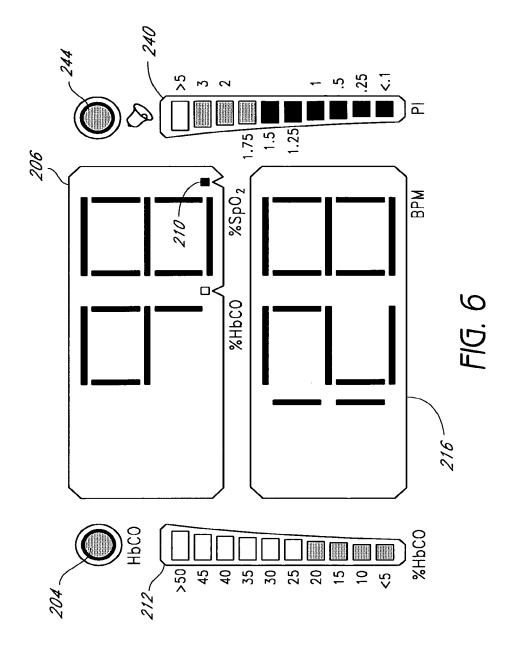


FIG. 2









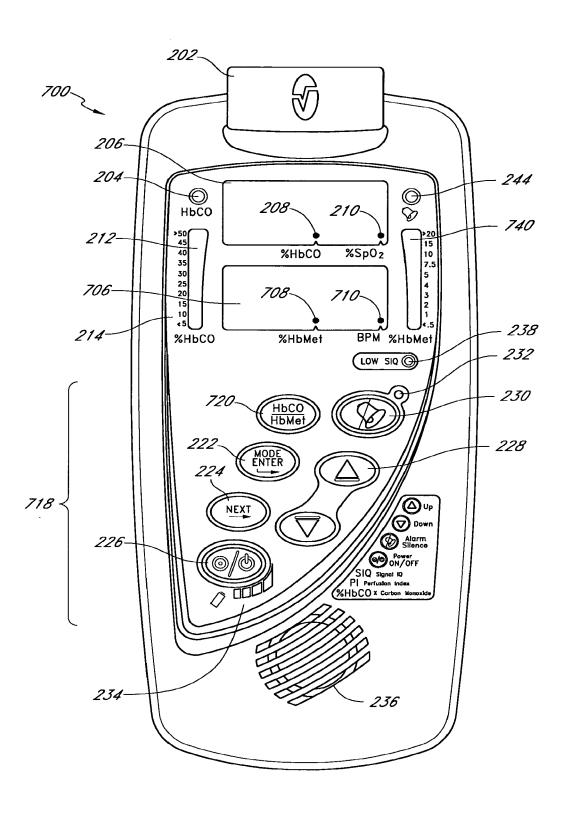
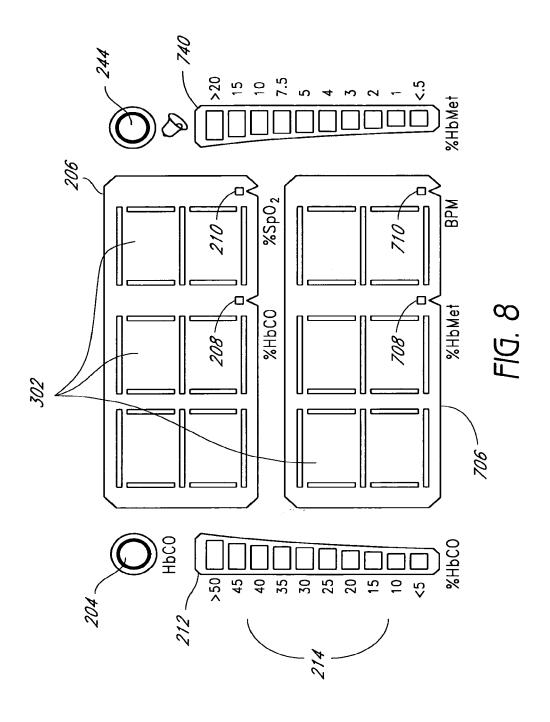
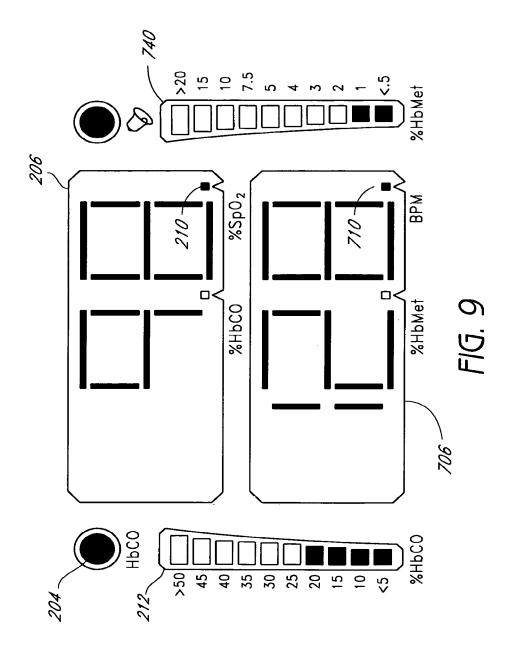
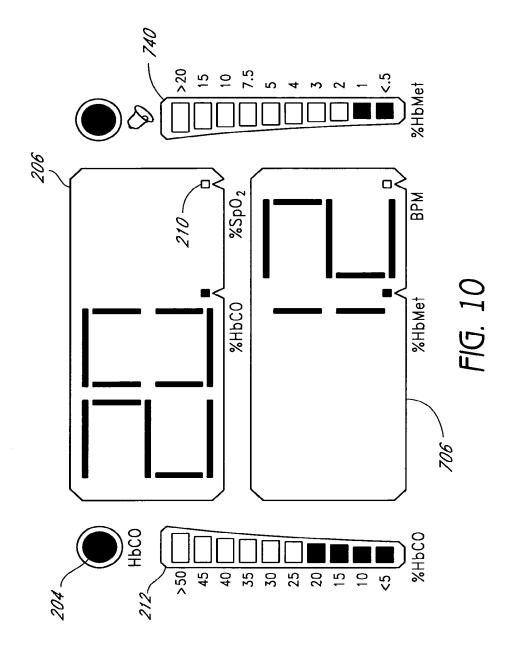
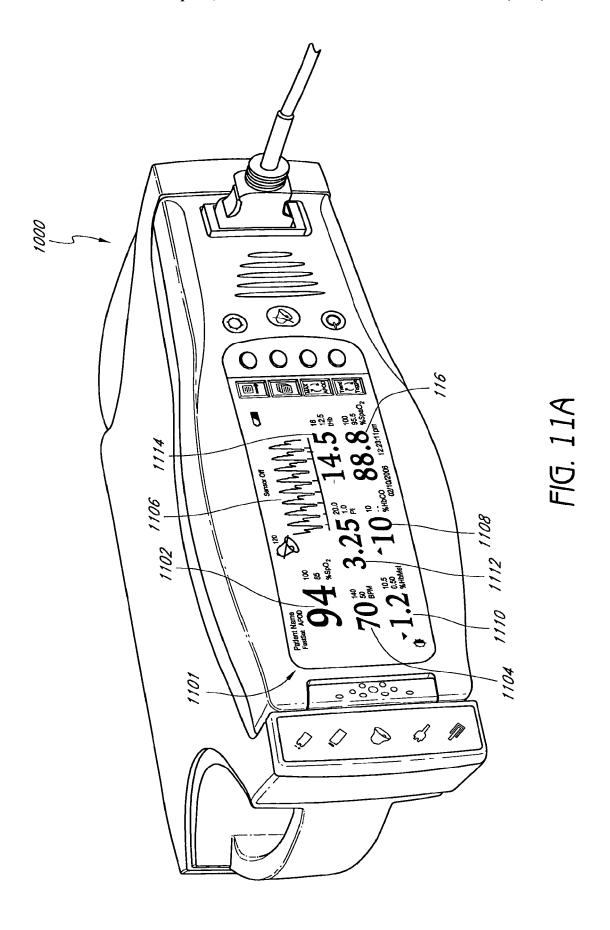


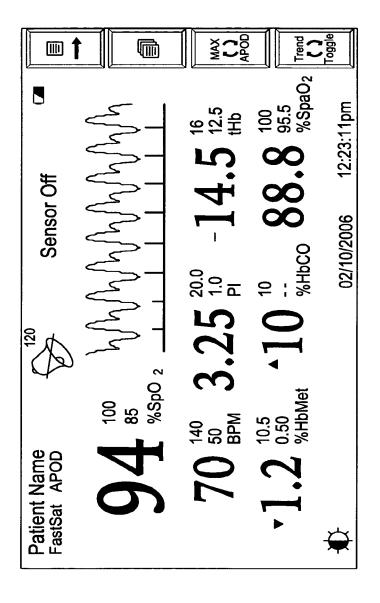
FIG. 7











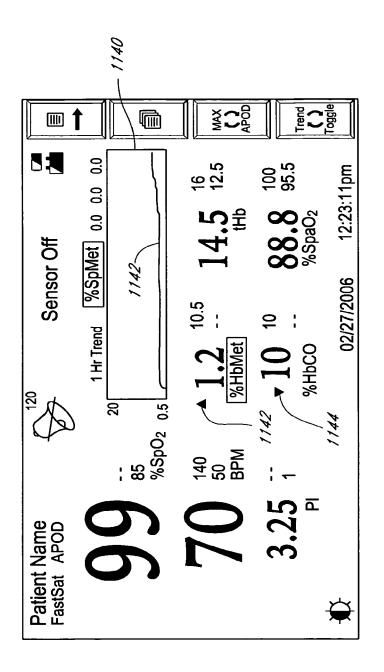
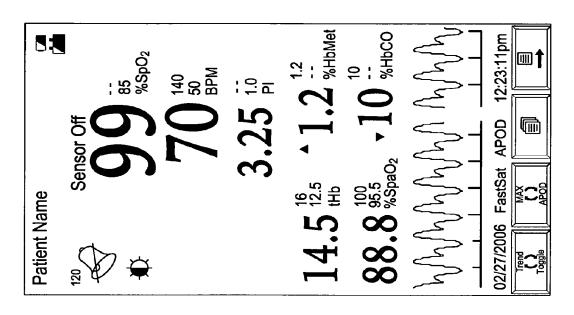


FIG. 11C



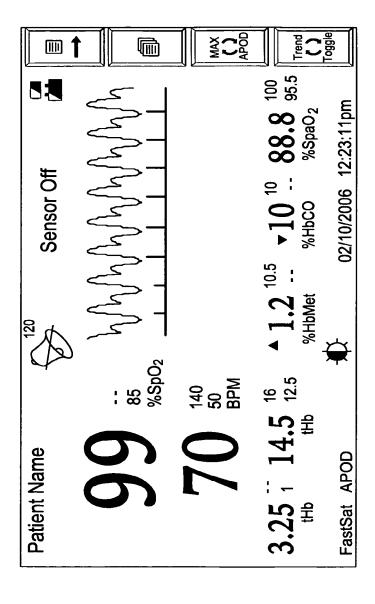
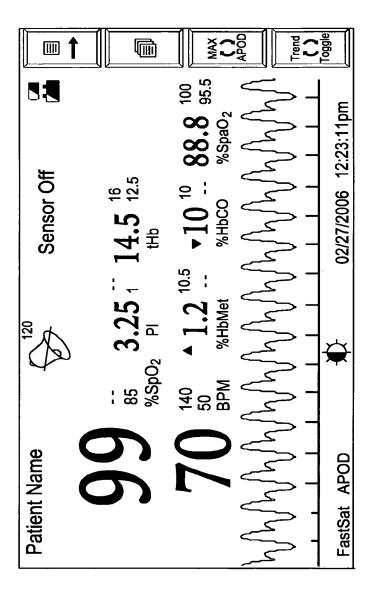


FIG. 11E



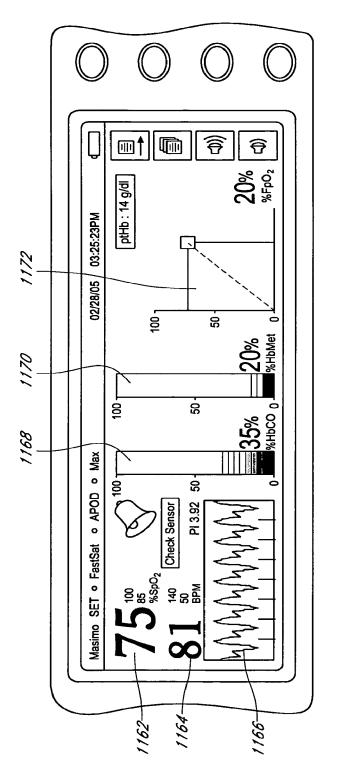
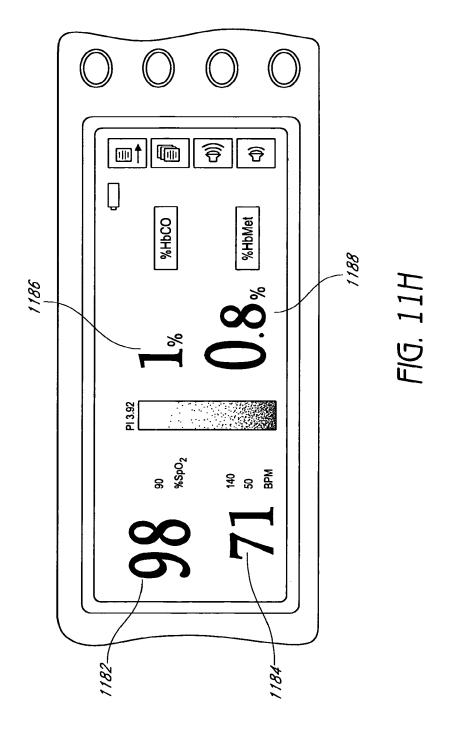


FIG. 11G



## 1 NONINVASIVE MULTI-PARAMETER PATIENT MONITOR

# PRIORITY CLAIM TO RELATED PROVISIONAL APPLICATIONS

The present application is a continuation of U.S. patent application Ser. No. 13/477,975, filed on May 22, 2012, which is a continuation of U.S. patent application Ser. No. 11/367,014, filed on Mar. 1, 2006, which claims priority benefit under 35 U.S.C. §119(e) to U.S. Provisional Patent Application Ser. No. 60/657,596, filed Mar. 1, 2005, entitled "Multiple Wavelength Sensor," No. 60/657,281, filed Mar. 1, 2005, entitled "Physiological Parameter Confidence Measure," No. 60/657,268, filed Mar. 1, 2005, entitled "Configurable Physiological Measurement System," and No. 60/657, 759, filed Mar. 1, 2005, entitled "Noninvasive Multi-Parameter Patient Monitor." The present application incorporates the foregoing disclosures herein by reference.

# INCORPORATION BY REFERENCE OF RELATED UTILITY APPLICATIONS

The present application is related to the following copending U.S. utility applications:

	App. Sr. No.	Filing Date	Title
1	11/367,013	Mar. 1, 2006	Multiple Wavelength Sensor Emitters
2	11/366,995	Mar. 1, 2006	Multiple Wavelength Sensor Equalization
3	11/366,209	Mar. 1, 2006	Multiple Wavelength Sensor Substrate
4	11/366,210	Mar. 1, 2006	Multiple Wavelength Sensor Interconnect
5	11/366,833	Mar. 1, 2006	Multiple Wavelength Sensor Attachment
6	11/366,997	Mar. 1, 2006	Multiple Wavelength Sensor Drivers
7	11/367,034	Mar. 1, 2006	Physiological Parameter Confidence Measure
8	11/367,036	Mar. 1, 2006	Configurable Physiological
9	11/367,033	Mar. 1, 2006	Measurement System Noninvasive Multi- Parameter Patient Monitor
10	11/367,014	Mar. 1, 2006	Noninvasive Multi- Parameter Patient Monitor
11	11/366,208	Mar. 1, 2006	Noninvasive Multi- Parameter Patient Monitor
12	13/412,428	Mar. 5, 2012	Noninvasive Multi- Parameter Patient Monitor
13	12/949,271	Nov. 18, 2010	Physiological Measurement System with Automatic Wavelength Adjustment

The present application incorporates the foregoing disclosures herein by reference.

#### FIELD OF THE DISCLOSURE

The present disclosure relates to the field of noninvasive patient monitors. More specifically, the disclosure relates to 65 monitors displaying measurements derived using signals from optical sensors.

### 2 BACKGROUND

Spectroscopy is a common technique for measuring the concentration of organic and some inorganic constituents of a solution. The theoretical basis of this technique is the Beer-Lambert law, which states that the concentration  $c_i$  of an absorbent in solution can be determined by the intensity of light transmitted through the solution, knowing the pathlength  $d_{\lambda}$ , the intensity of the incident light  $I_{0,\lambda}$ , and the extinction coefficient  $\epsilon_{i,\lambda}$  at a particular wavelength  $\lambda$ . In generalized form, the Beer-Lambert law is expressed as:

$$I_{\lambda} = I_{0,\lambda} e^{-d_{\lambda} \cdot \mu_{0,\lambda}} \tag{1}$$

$$\mu_{0,\lambda} = \sum_{i=1}^{n} \varepsilon_{i,\lambda} \cdot c_{i} \tag{2}$$

where  $\mu_{0,\lambda}$  is the bulk absorption coefficient and represents the probability of absorption per unit length. The minimum number of discrete wavelengths that are required to solve Equations 1-2 are the number of significant absorbers that are present in the solution.

A practical application of this technique is pulse oximetry, which utilizes a noninvasive sensor to measure oxygen saturation (SpO<sub>2</sub>) and pulse rate. In general, the sensor has light emitting diodes (LEDs) that transmit optical radiation of red and infrared wavelengths into a tissue site and a detector that 30 responds to the intensity of the optical radiation after absorption (e.g., by transmission or transreflectance) by pulsatile arterial blood flowing within the tissue site. Based on this response, a processor determines measurements for SpO<sub>2</sub>, pulse rate, and can output representative plethysmographic waveforms. Thus, "pulse oximetry" as used herein encompasses its broad ordinary meaning known to one of skill in the art, which includes at least those noninvasive procedures for measuring parameters of circulating blood through spectroscopy. Moreover, "plethysmograph" as used herein (commonly referred to as "photoplethysmograph"), encompasses its broad ordinary meaning known to one of skill in the art, which includes at least data representative of a change in the absorption of particular wavelengths of light as a function of the changes in body tissue resulting from pulsing blood.

Pulse oximeters capable of reading through motion induced noise are available from Masimo Corporation ("Masimo") of Irvine, Calif. Moreover, portable and other oximeters capable of reading through motion induced noise are disclosed in at least U.S. Pat. Nos. 6,770,028, 6,658,276, 6,157,850, 6,002,952, and 5,769,785. Read which are owned by Masimo, and are incorporated by reference herein. Such reading through motion oximeters have gained rapid acceptance in a wide variety of medical applications, including surgical wards, intensive care and neonatal units, general
 wards, home care, physical training, and virtually all types of monitoring scenarios.

#### SUMMARY OF THE DISCLOSURE

Despite the success of read through motion oximeter systems, there is a need to provide patient monitors capable of displaying multiple physiological parameters, other than or in addition to SpO<sub>2</sub>, plethysmograph waveforms, or pulse rates. For example, in accessing a patient's condition, caregivers often desire knowledge of other blood constituents, including for example, a percent value for arterial carbon monoxide saturation ("HbCO") or a percent value for methemogobin

saturation ("HbMet") or the like. For example, in an embodiment, the display advantageously displays one or more of the following: pulse rate, plethysmograph waveform data, perfusion index, values of blood constituents in body tissue, including for example, HbCO, HbMet, total hemoglobin ("Hbt"), arterial oxygen saturation ("SpO<sub>2</sub>"), fractional arterial oxygen saturation ("SpaO<sub>2</sub>"), or the like. In other embodiments, the monitor may advantageously and accurately determine values for one or more of HbO<sub>2</sub>, Hb, blood glucose, water, the presence or absence of therapeutic drugs (aspirin, Dapson, nitrates, or the like) or abusive/recreational drugs (methamphetamine, alcohol, steroids, or the like), concentrations of carbon dioxide ("CO<sub>2</sub>") or oxygen ("O"), ph levels, bilirubin, perfusion quality, signal quality or the like. Accordingly, the present disclosure includes a multi-parameter patient monitor capable of determining one or more of the foregoing parameters, other than or in addition to, SpO<sub>2</sub>, plethysmograph waveforms, or perfusion quality index.

In an embodiment, the display of a noninvasive multi- 20 parameter patient monitor advantageously includes a plurality of display modes enabling more parameter data to be displayed than the available physical display area or real estate. In an embodiment, a user may cycle different parameter values through an area of the display common to both 25 parameters even when one parameter is shifted, through, for example, actuation of a user input key. The patient monitor may also display different parameters as color-coded. For example, when the following measured parameters are within "normal" ranges, SpO<sub>2</sub> may be displayed red, pulse rate 30 (BPM) may be displayed green, HbCO may be displayed orange, HbMet may be displayed blue, or the like. In an embodiment, measured values of SpO2 may be displayed in white, BPM may be displayed in yellow green or aquamarine, PITM may be displayed in violet, Hbt may be displayed in 35 grass green, HbMet may be displayed in blue or light blue, HbCO may be displayed in orange, and SpaO<sub>2</sub> may be displayed in electric blue.

Moreover, parameter trend data may also be displayed using the same or similar color coding, especially when multiple trends are displayed on one or more display graphs. In addition, more coarse or gross parameter indications may be displayed for quick reference to indicate to a caregiver whether any of a variety of monitored parameters, such as, for example, SpO<sub>2</sub>, HbCO or HbMet is within acceptable ranges.

The monitor may advantageously include additional display information, such as, for example, parametric displays where one parameter is displayed as a function of another, three dimensional displays (for example, extending a parametric display along time or an additional parameter), directional findicators predicting where a parameter is likely heading or reporting a general direction a parameters has been trending, or the like

In addition to the foregoing, caregivers often desire to more closely monitor parameters that are close to, approaching, or 55 beyond normal safe thresholds. In an embodiment, the patient monitor provides an indication that the caregiver should change display modes to view more critical monitored parameters. In alternative embodiments, the patient monitor automatically changes display modes to show parameters moving 60 closer to or beyond normal thresholds.

In an embodiment, the patient monitor includes an audible or visual indication of a type of sensor communicating with the monitor. For example, the monitor may determine how many wavelengths a particular attached sensor will emit 65 through communication with memory devices associated with the attached sensor or cable.

4

Additional embodiments include audio or visual alarms for each of multiple monitored parameters, combinations of parameters, an indication of perfusion in the tissue of the measurement site, an indication of the confidence the signal processing has in its output measurements, or the like.

In an embodiment, a method of determining which of a plurality of physiological measurements to measure based on the signal quality of the signal is disclosed. The method includes using a sensor configured to measure at least two different physiological measurements to obtain a signal from a light sensitive detector, the sensor including at least three different light emitters emitting at least three different wavelengths of light through tissue of a living patient and detecting the light after attenuation of the tissue, determining a signal quality of the signal, determining which of the at least two different physiological measurements are capable of being measured based on the signal quality determination, and activating only enough of the at least three different light emitters necessary to obtain the measurements capable of being measured.

In an embodiment, if the signal quality is high, all of the at least three different emitters are activated. In an embodiment, if the signal quality is low, only two of the at least three different emitters are activated. In an embodiment, if the signal quality is low, fewer different physiological measurements are measured. In an embodiment, a method of informing a user of a patient monitor about one of a type of sensor communicating with the patient monitor and a type of physiological parameter determinable using the sensor communicating with the patient monitor is disclosed. The method includes receiving information from an information element associated with one of an optical sensor and a communication cable between a patient monitor and an optical sensor, determining a number of wavelengths emitted by the optical sensor from the information, determining a signal quality of a signal received by the optical sensor, and activating an indicator of the type of physiological parameters determinable based on the number wavelengths emitted by the optical sensor and the signal quality of the signal. In an embodiment, the indicator comprises a display of data determined using signals from the optical sensor. In an embodiment, the indicator comprises a visual indicator. In an embodiment, the visual indicator comprises a color. In an embodiment, the visual indicator comprises an LED. In an embodiment, the LED changes color based on which of the first and second sensors is attached. In an embodiment, the LED color comprises red when the first sensor is attached and another color when another sensor is attached. In an embodiment, the indicator comprises an audible indicator. In an embodiment, the audible indictor comprises one or more tones. In an embodiment, the audible indictor emits a first tone when the first sensor is attached and a different second tone when the second sensor is attached.

For purposes of summarization, certain aspects, advantages and novel features are described herein. Of course, it is to be understood that not necessarily all such aspects, advantages or features need to be present in any particular embodiment.

#### BRIEF DESCRIPTION OF THE DRAWINGS

The drawings and the associated descriptions are provided to illustrate embodiments of the disclosure and not to limit the scope of the claims.

FIG. 1 illustrates a block diagram of an exemplary embodiment of a patient monitoring system including a sensor and a multi-parameter patient monitor.

FIG. 2 illustrates a top elevation view of an exemplary handheld noninvasive multi-parameter patient monitor capable of displaying at least HbCO, such as, for example, the patient monitor of FIG. 1.

FIG. 3 illustrates an exemplary display of the patient monitor of FIG. 2.

FIG. 4 illustrates the display of FIG. 3 showing measured values of SpO<sub>2</sub>, BPM, perfusion, and type of sensor according to an exemplary embodiment of the patient monitor of FIG. 1.

FIG. 5 illustrates the display of FIG. 3 showing measured values of HbCO, perfusion, and type of sensor according to an exemplary embodiment of the patient monitor of FIG. 1.

FIG. 6 illustrates the display of FIG. 3 showing measured values of SpO<sub>2</sub>, HbCO, BPM, perfusion, and type of sensor, <sup>15</sup> according to an exemplary embodiment of the patient monitor of FIG. 1.

FIG. 7 illustrates a top elevation view of an exemplary handheld noninvasive multi-parameter patient monitor capable of displaying at least HbCO and HbMet, such as, for <sup>20</sup> example, the patient monitor of FIG. 1.

FIG. 8 illustrates an exemplary display of the patient monitor of FIG. 7.

FIG. 9 illustrates the display of FIG. 8 showing measured values of SpO<sub>2</sub>, BPM, HbCO, HbMet, and type of sensor <sup>25</sup> according to an exemplary embodiment of the patient monitor of FIG. 1.

FIG. 10 illustrates the display of FIG. 8 showing measured values of HbCO, HbMet, and type of sensor according to an exemplary embodiment of the patient monitor of FIG. 1.

FIG. 11A illustrates a perspective view of an exemplary noninvasive multi-parameter patient monitor such as, for example, the patient monitor of FIG. 1.

FIGS. 11B-11H illustrate display screens of the patient monitor of FIG. 11A.

# DETAILED DESCRIPTION OF PREFERRED AND ALTERNATIVE EMBODIMENTS

Embodiments of the present disclosure include a portable 40 or other multi-parameter patient monitor capable of determining multiple physiological parameters from one or more signals output from one or more light sensitive detectors capable of detecting light attenuated by body tissue carrying pulsing blood. For example, in an embodiment, the monitor 45 advantageously and accurately determines a wide variety of physiological parameters or other calculations as discussed above.

In an embodiment, the display of patient monitor advantageously includes a plurality of display modes enabling more 50 parameter data to be displayed than the available physical display real estate. For example, the patient monitor may include one or more user input keys capable of toggling through measurement data. In an embodiment, the displays include mode indicators providing caregivers easily identifi- 55 able visual queues, such as LED's, text, icons, or other indicia providing readily identifiable queues as to which parameter is being displayed. In an embodiment, the display may shift, may be parameter color-coded, or the like to further ensure quick comprehension of which measured parameter is the 60 displayed parameter. For example, in an embodiment, the monitor displays SpO<sub>2</sub> in white, pulse rate (BPM) in green, HbCO in orange, and HbMet in blue when the respective measured parameter is within a "normal" range.

In an embodiment, the patient monitor provides an indication that the caregiver should change display modes to view more critical or time sensitive measured parameters, specific

6

caregiver selected parameters, or the like. For example, the patient monitor may advantageously sound audio or visual alarms that alert the caregiver to particular one or more of worsening parameters, parameters changing in a predetermined pattern or rate, parameters stabilizing below user defined or safe thresholds, caregiver selected parameters, or the like. The monitor may also use alerts that provide audio or visual indications of the severity of the condition, severity of the change, or the like. In alternative embodiments, the patient monitor may automatically change display modes when a particular parameter crosses one or more thresholds. For example, a patient monitor may be displaying a first parameter, such as a plethysmograph, and upon determining measurements indicating that HBMet is trending toward an alarm condition, the monitor may automatically switch from displaying the first parameter to the alarming parameter, or in this case, a trend of the alarming parameter.

In an embodiment, a switch is provided to allow a user to switch displays to view an alarming measurement. In an embodiment, during an alarm condition, a parameter display may switch to a trend graph in the same or different color, line weight, flash, flash rate, intensity, size, or the like.

The patient monitor may also include one or more displays capable of displaying trend data for any one or more of the monitored or derived patient parameters. For example, the trend data may be displayed in graph form, may include multiple trend lines, each representing a different monitored or derived patient parameter. Moreover, each trend line may be color-coded to facilitate quick comprehension of which trend line represents which measured parameter. However, an artisan will recognize from the disclosure herein a large number of identification techniques including color-coding, identifying text, or the like. Additionally, user input may toggle displayed trend data, may select which parameters to display simultaneously, or the like.

In an embodiment, the patient monitor includes an audible or visual indication of a type of sensor communicating with the monitor. For example, the patient monitor may provide a particular audio or visual indication, such as a beep, LED activation, graphic activation, text messages, voice messages, or the like, to indicate communication with or connection to an approved sensor, patient cable, combination, or the like. In an embodiment, the indication may change based on the manufacturer, type of sensor recognized or not recognized, type of patient, type of physiological parameters measurable with the attached sensor, or the like. Additional embodiments include an indication of perfusion in the tissue of the measurement site and an indication of the confidence the signal processing has in its output measurements or input signal quality.

To facilitate an understanding of the disclosure, the remainder of the description references exemplary embodiments illustrated in the drawings. Moreover, in this application, reference is made to many blood parameters. Some references that have common shorthand designations are referenced through such shorthand designations. For example, as used herein, HbCO designates carboxyhemoglobin, HbMet designates methemoglobin, and Hbt designates total hemoglobin. Other shorthand designations such as COHb, MetHb, and tHb are also common in the art for these same constituents. These constituents are generally reported herein in terms of a percentage, often referred to as saturation, relative concentration or fractional saturation. Total hemoglobin is generally reported as a concentration in g/dL. The use of the particular shorthand designators presented in this application does not restrict the term to any particular manner in which the designated constituent is reported.

FIG. 1 illustrates a block diagram of an exemplary embodiment of a patient monitoring system 100. As shown in FIG. 1, the system 100 includes a patient monitor 102 comprising a processing board 104 and a host instrument 108. The processing board 104 communicates with a sensor 106 to receive one 5 or more intensity signal(s) indicative of one or more parameters of tissue of a patient. The processing board 104 also communicates with a host instrument 108 to display determined values calculated using the one or more intensity signals. According to an embodiment, the board 104 comprises 10 processing circuitry arranged on one or more printed circuit boards capable of installation into the monitor 102, or capable of being distributed as some or all of one or more OEM components for a wide variety of host instruments monitoring a wide variety of patient information. In an embodiment, the 15 processing board 102 comprises a sensor interface 110, a digital signal processor and signal extractor ("DSP" or "processor") 112, and an instrument manager 114. In general, the sensor interface 110 converts digital control signals into analog drive signals capable of driving sensor emitters, and con- 20 verts composite analog intensity signal(s) from light sensitive detectors into digital data.

In an embodiment, the sensor interface 110 manages communication with external computing devices. For example, in an embodiment, a multipurpose sensor port (or input/output 25 port) is capable of connecting to the sensor 106 or alternatively connecting to a computing device, such as a personal computer, a PDA, additional monitoring equipment or networks, or the like. When connected to the computing device, the processing board 104 may upload various stored data for, 30 for example, off-line analysis and diagnosis. The stored data may comprise trend data for any one or more of the measured parameter data, plethysmograph waveform data acoustic sound waveform, or the like. Moreover, the processing board 104 may advantageously download from the computing 35 device various upgrades or executable programs, may perform diagnosis on the hardware or software of the monitor 102. In addition, the processing board 104 may advantageously be used to view and examine patient data, including uploads/downloads, or network connections, combinations, or the like, such as for customer support purposes including software maintenance, customer technical support, and the like. Upgradable sensor ports are disclosed in copending U.S. application Ser. No. 10/898,680, filed on Jul. 23, 2004, titled 45 "Multipurpose Sensor Port," incorporated by reference herein.

As shown in FIG. 1, the digital data is output to the DSP 112. According to an embodiment, the DSP 112 comprises a processing device based on the Super Harvard ARChitecture 50 ("SHARC"), such as those commercially available from Analog Devices. However, a skilled artisan will recognize from the disclosure herein that the DSP 112 can comprise a wide variety of data and/or signal processors capable of executing programs for determining physiological parameters from 55 input data. In particular, the DSP 112 includes program instructions capable of receiving multiple channels of data related to one or more intensity signals representative of the absorption (from transmissive or reflective sensor systems) of a plurality of wavelengths of emitted light by body tissue. In 60 an embodiment, the DSP 112 accepts data related to the absorption of eight (8) wavelengths of light, although an artisan will recognize from the disclosure herein that the data can be related to the absorption of two (2) to sixteen (16) or more wavelengths.

FIG. 1 also shows the processing board 104 including the instrument manager 114. According to an embodiment, the

instrument manager 114 may comprise one or more microcontrollers controlling system management, including, for example, communications of calculated parameter data and the like to the host instrument 108. The instrument manager 114 may also act as a watchdog circuit by, for example, monitoring the activity of the DSP 112 and resetting it when appropriate.

The sensor 106 may comprise a reusable clip-type sensor, a disposable adhesive-type sensor, a combination sensor having reusable and disposable components, or the like. Moreover, an artisan will recognize from the disclosure herein that the sensor 106 can also comprise mechanical structures, adhesive or other tape structures, Velcro wraps or combination structures specialized for the type of patient, type of monitoring, type of monitor, or the like. In an embodiment, the sensor 106 provides data to the board 104 and vice versa through, for example, a patient cable. An artisan will also recognize from the disclosure herein that such communication can be wireless, over public or private networks or computing systems or devices, or the like.

As shown in FIG. 1, the sensor 106 includes a plurality of emitters 116 irradiating the body tissue 118 with differing wavelengths of light, and one or more detectors 120 capable of detecting the light after attenuation by the tissue 118. In an embodiment, the emitters 116 comprise a matrix of eight (8) emission devices mounted on a flexible substrate, the emission devices being capable of emitting eight (8) differing wavelengths of light. In other embodiments, the emitters 116 may comprise twelve (12) or sixteen (16) emitters, although other numbers of emitters are contemplated, including two (2) or more emitters. As shown in FIG. 1, the sensor 106 may include other electrical components such as, for example, a memory device 122 comprising an EPROM, EEPROM, ROM, RAM, microcontroller, combinations of the same, or the like. In an embodiment, other sensor components may include a temperature determination device 123 or other mechanisms for, for example, determining real-time emission wavelengths of the emitters 116.

The memory 122 may advantageous store some or all of a raw data, at or away from a monitoring site, through data 40 wide variety data and information, including, for example, information on the type or operation of the sensor 106; type or identification of sensor buyer or distributor or groups of buyer or distributors, sensor manufacturer information, sensor characteristics including the number of emitting devices, the number of emission wavelengths, data relating to emission centroids, data relating to a change in emission characteristics based on varying temperature, history of the sensor temperature, current, or voltage, emitter specifications, emitter drive requirements, demodulation data, calculation mode data, the parameters for which the sensor is capable of supplying sufficient measurement data (e.g., HpCO, HpMet, HbT, or the like), calibration or parameter coefficient data, software such as scripts, executable code, or the like, sensor electronic elements, whether the sensor is a disposable, reusable, multisite, partially reusable, partially disposable sensor, whether it is an adhesive or non-adhesive sensor, whether the sensor is a reflectance, transmittance, or transreflectance sensor, whether the sensor is a finger, hand, foot, forehead, or ear sensor, whether the sensor is a stereo sensor or a two-headed sensor, sensor life data indicating whether some or all sensor components have expired and should be replaced, encryption information, keys, indexes to keys or hash functions, or the like, monitor or algorithm upgrade instructions or data, some or all of parameter equations, information about the patient, age, sex, medications, and other information that may be useful for the accuracy or alarm settings and sensitivities, trend history, alarm history, or the like. In an embodiment, the

monitor may advantageously store data on the memory device, including, for example, measured trending data for any number of parameters for any number of patients, or the like, sensor use or expiration calculations, sensor history, or the like.

FIG. 1 also shows the patient monitor 102 including the host instrument 108. In an embodiment, the host instrument 108 communicates with the board 104 to receive signals indicative of the physiological parameter information calculated by the DSP 112. The host instrument 108 preferably includes one or more display devices 124 capable of displaying indicia representative of the calculated physiological parameters of the tissue 118 at the measurement site. In an embodiment, the host instrument 108 may advantageously comprise a handheld housing capable of displaying one or 15 more of a pulse rate, plethysmograph data, perfusion quality such as a perfusion quality index ("PITM"), signal or measurement quality ("SQ"), values of blood constituents in body tissue, including for example,  $\mathrm{SpO}_2$ ,  $\mathrm{HbCO}$ ,  $\mathrm{HbMet}$ ,  $\mathrm{Hbt}$ , or the like. In other embodiments, the host instrument 108 is 20 capable of displaying values for one or more of Hbt, Hb, blood glucose, bilirubin, or the like. The host instrument 108 may be capable of storing or displaying historical or trending data related to one or more of the measured values, combinations of the measured values, plethysmograph data, or the 25 like. The host instrument 108 also includes an audio indicator 126 and user input device 128, such as, for example, a keypad, touch screen, pointing device, voice recognition device, or the like.

In still additional embodiments, the host instrument 108 includes audio or visual alarms that alert caregivers that one or more physiological parameters are falling below predetermined safe thresholds. The host instrument 108 may include indications of the confidence a caregiver should have in the displayed data. In a further embodiment, the host instrument 108 may advantageously include circuitry capable of determining the expiration or overuse of components of the sensor 106, including, for example, reusable elements, disposable elements, or combinations of the same.

Although described in terms of certain embodiments, other 40 embodiments or combination of embodiments will be apparent to those of ordinary skill in the art from the disclosure herein. For example, the monitor 102 may comprise one or more monitoring systems monitoring parameters, such as, for example, vital signs, blood pressure, ECG or EKG, respira- 45 tion, glucose, bilirubin, or the like. Such systems may combine other information with intensity-derived information to influence diagnosis or device operation. Moreover, the monitor 102 may advantageously include an audio system, preferably comprising a high quality audio processor and high 50 quality speakers to provide for voiced alarms, messaging, or the like. In an embodiment, the monitor 102 may advantageously include an audio out jack, conventional audio jacks, headphone jacks, or the like, such that any of the display information disclosed herein may be audiblized for a listener. 55 For example, the monitor 102 may include an audible transducer input (such as a microphone, piezoelectric sensor, or the like) for collecting one or more of heart sounds, lung sounds, trachea sounds, or other body sounds and such sounds may be reproduced through the audio system and 60 output from the monitor 102. Also, wired or wireless communications (such as Bluetooth or WiFi, including IEEE 801.11a, b, or g), mobile communications, combinations of the same, or the like, may be used to transmit the audio output to other audio transducers separate from the monitor 102.

For example, patterns or changes in the continuous noninvasive monitoring of intensity-derived information may

10

cause the activation of other vital sign measurement devices, such as, for example, blood pressure cuffs.

FIG. 2 illustrates a perspective view of an exemplary handheld noninvasive multi-parameter patient monitor 200, such as, for example, the patient monitor 102 of FIG. 2. Patient monitors 200 exhibiting combinations of many of the features described herein are advantageously commercially available from Masimo under the brand name "Rad 57c." As shown in FIG. 1, the monitor 200 includes a patient cable connector 202 capable of mechanical mating with a patient cable to establish communication between the board 104 and the sensor 106. In an embodiment, the connector 202 comprises a multipurpose cable connector such as that disclosed in the incorporated U.S. application Ser. No. 10/898,680, titled "Multipurpose Sensor Port," disclosing communication between the board 104 and an external computing device.

The monitor 200 also comprises a HbCO indicator 204 advantageously providing a visual queue that a HbCO capable sensor is properly connected through the connector 202. For example, the HbCO indicator 204 may advantageously activate when a sensor is connected that communicates sufficient information to determine HbCO, such as, for example, a sensor capable of emitting sufficient different wavelengths of light, a sensor storing sufficient data on the memory 122, a sensor having appropriate encryption data or key, combinations of the same, or the like. For example, in an embodiment, the processor 112 may receive information from a memory 122 indicating a number of available LED wavelengths for the attached sensor. Based on the number of wavelengths, or other information stored on the memory 122, the processor 112 may determine whether an HbCO-ready sensor has been attached to the monitor 200. An artisan will also recognize from the disclosure herein that the HbCO indicator 204 may advantageously comprise a HbMet indicator, Hbt indicator, or the like, which activates to a predetermined color associated with a parameter, or any color, or deactivates the same, to convey a type of attached sensor. Moreover, the artisan will recognize from the disclosure herein other parameters that may use other sensor components and the monitor 200 may include indicators capable of indicating communication with those types of sensors.

In an embodiment, the monitor 200 may also audibly indicate the type of sensor connected. For example, the monitor 200 may emit predetermined number or frequency of beeps associated with recognition of a particular sensor, a particular manufacturer, failure to recognize the sensor, or the like. Moreover, the sensor type may be indicative of the componentry, such as, for example, whether the sensor produces sufficient data for the determination of HbCO, HbMet, Hbt and SpO<sub>2</sub>, SpO<sub>2</sub> only, SpO<sub>2</sub> and HbMet, any combination of the foregoing or other parameters, or the like. Additionally, the sensor type may be indicative of specific sensors designed for a type of patient, type of patient tissue, or the like. In other embodiments, the monitor 200 may announce the type of connector through speaker 236.

An artisan will also recognize from the disclosure herein that other mechanical (such as keys), electrical, or combination devices may inform the monitor 202 of the type of attached sensor. In an embodiment, the processor 112 also may select to drive less emitters that are currently available, such as, for example, in the presence of low noise and when power consumption is an issue.

The monitor 200 also comprises a multi-mode display 206 capable of displaying, for example, measurements of  $\mathrm{SpO}_2$  and HbCO (or alternatively, HbMet). In an embodiment, the display 206 has insufficient space or display real estate to display the many parameters capable of being measured by

the monitor 200. Thus, the multi-mode display 206 may advantageously cycle through two or more measured parameters in an area common to both parameters even when shifted. In such embodiments, the monitor 200 may also advantageously include parameter indicators 208, 210, pro- 5 viding additional visual queues as to which parameter is currently displayed. In an embodiment, the display may also cycle colors, flash rates, or other audio or visual queues providing readily identifiable information as to which measured parameter is displayed. For example, when the multi-mode display 206 displays measured values of SpO2 that are normal, the numbers may advantageously appear in green, while normal measured values of HbCO may advantageously appear in orange, and normal measured values of HbMet may appear in blue. Moreover, in an embodiment, the display 206 15 flashes at a predefined rate when searching for saturation and at another predefined rate when a signal quality is below a predetermined threshold.

The monitor 200 also comprises a HbCO bar 212 where in an embodiment a plurality of LED's activate from a bottom 20 toward a top such that the bar "fills" to a level proportional to the measured value. For example, the bar 212 is lowest when the dangers from carbon monoxide poisoning are the least, and highest when the dangers are the greatest. The bar 212 includes indicia 214 that provide an indication of the severity of carbon monoxide saturation in a patient's blood. As shown in FIG. 2, the bar 212 and the indicia 214 continuously indicate the concentration of HbCO in about 5% increments. The indicia 214 indicate a measurement of HbCO saturation percentage between about 0 and about 50% with a granularity of 30 about 5%. However, an artisan will also recognize from the disclosure herein a wide variety of ranges and granularities could be used, the indicia 214 could be electronically displayed in order to straightforwardly increase or decrease resolution, or the like. For example, HbCO may advanta- 35 geously be displayed with greater resolution than ±about %5 in a lower portion of the scale. For example, an HbCO bar may advantageously include a scale of about <3%, about 6%, about 9%, about 12%, about 15%, about 20%, about 25%, about 30%, about 35%, and about >40%.

As is known in the art, carbon monoxide in the blood can lead to serious medical issues. For example and depending upon the particular physiology of a patient, about 10% carbon monoxide saturation can lead to headaches, about 20% can lead to throbbing headaches, or dyspnea on exertion, about 45 30% can lead to impaired judgment, nausea, dizziness and/or vomiting, visual disturbance, or fatigue, about 40% can lead to confusion and syncope, and about 50% and above can lead to comas, seizures, respiratory failure and even death.

In an embodiment, the bar 212 is the same or similar color as the multi-mode display 206 when displaying HbCO. In other embodiments, the bar 212 is lowest and green when the dangers from carbon monoxide poisoning are the least, and highest and red when the dangers are the greatest. In an embodiment, as HbCO increases, the entire bar 212 may advantageously change color, such as, for example, from green to red, to provide a clear indication of deepening severity of the condition. In other embodiments, the bar 212 may advantageously blink or flash, an audio alarm may beep or provide a continuation or rise in pitch or volume, or the like to alert a caregiver of deepening severity. Moreover, straightforward to complex alarm rules may be implemented to reduce false alarms based on, for example, knowledge of the physiological limitations on the rate of change in HbCO or the like.

Additionally, the monitor **200** may be capable of storing 65 and outputting historical parameter data, display trend traces or data, or the like. Although the foregoing bar **212** has been

12

described in terms of certain preferred embodiments, other embodiments will be apparent to those of ordinary skill in the art from the disclosure herein.

FIG. 2 also shows the monitor 200 including a pulse display 216 displaying measured pulse rate in beats per minute ("BPM"). In an embodiment, the display 212 flashes when searching for a pulse. The pulse display 216 advantageously displays measured pulse rates from about zero (0) to about two hundred and forty (240) BPM. Moreover, when the measured pulse rates are considered normal, the pulse display 216 is advantageously green. Similar to other displays associated with the monitor 200, the pulse display 216 may employ a variety of color changes, audio alarms, or combinations of the same to indicate measured BPM below predetermined safe thresholds. In an embodiment, the pulse rate display 216 displays the measured pulse rate during the display of SpO<sub>2</sub> and displays message data during the display of other parameters. For example, during the display of HbCO, the display 216 may advantageously display the term "CO." In an embodiment, the display of the message data may be in the same or similar color as the other displays. For example, in an embodiment, the multi-mode display 206, the bar 212, and the pulse display 216 may all display data or messages in orange when the multi-mode display 206 displays measured HbCO values.

FIG. 2 also illustrates the monitor 200 comprising user input keys 218, including a HbCO button 220, mode/enter button 222, next button 224, power on/off button 226, up/down button 228, and alarm silence button 230. In an embodiment, activation of the HbCO button 220 toggles the measured value displayed in the multi-mode display 206. For example, activation of the HbCO button 220 toggles the multi-mode display 206 from displaying measured values of SpO<sub>2</sub> to HbCO for about ten (10) seconds. Activation of the mode/enter button 222 or the next button 224 during the ten (10) second period returns the multi-mode display 206 back to SpO<sub>2</sub>. A skilled artisan will also recognize that activation of the HbCO button 220 may advantageously toggle through a plurality of measured values, and that such values may be displayed for short segments and then return to SpO<sub>2</sub>, may remain displayed until further activation of the button 220, or

Activation of the mode/enter button 222 cycles through various setup menus allowing a caregiver to select or activate certain entries within the menu setup system, including alarm threshold customizations, or the like. Activation of the next button 224 can move through setup options within the menu setup system and in an embodiment is not active during normal patient monitoring. For example, a caregiver may activate the mode/enter button 222 and the next button 224 to specify high and low alarm thresholds for one or more of the measured parameters, to specify device sensitivity, trend settings, display customizations, color code parameters, or the like. In an embodiment, the high alarm setting for SpO<sub>2</sub> can range from about two percent (2%) to about one hundred percent (100%) with a granularity of about one percent (1%). The low alarm setting for SpO<sub>2</sub> can range from about one percent (1%) to about one hundred percent (100%) with a granularity of about one percent (1%). Moreover, the high alarm setting for pulse rate can range from about thirty (30) BPM to about two hundred and forty (240) BPM with a granularity of about five (5) BPM. The low alarm setting for pulse rate can range from about twenty five (25) BPM to about two hundred and thirty five (235) BPM with a granularity of about five (5) BPM. Other high and low ranges for other measured parameters will be apparent to one of ordinary skill in the art from the disclosure herein.

In a further embodiment, a caregiver may activate the mode/enter button 222 and the next button 224 to specify device sensitivity, such as, for example, device averaging times, probe off detection, whether to enable fast saturation calculations, or the like. Various embodiments of fast saturation calculations are disclosed in U.S. patent application Ser. No. 10/213,270, filed Aug. 5, 2002, titled "Variable Indication Estimator" and incorporated by reference herein. Using the menus, a caregiver may also advantageously enter appropriate information governing trend collection on one or more of the measured parameters, input signals, or the like.

FIG. 2 also shows the power on/off button 226. Activation of the power on/off button 226 activates and deactivates the monitor 200. In an embodiment, press-and-hold activation for about two (2) seconds shuts the monitor 200 off. In an additional embodiment, activation of the on/off button 226 advantageously initiates detection of a type of attached sensor. For example, activation of the on/off button 226 may advantageously cause the monitor 200 to read information from a memory on an attached sensor and determine whether sufficient wavelengths exist on the sensor to determine one or more the physiological parameters discussed in the foregoing.

An artisan will recognize from the disclosure herein that the on/off button **226** may advantageously cause an electronic 25 determination of whether to operate in at powers consisted with the U.S. (60 Hz) or another nationality (50 Hz). In an embodiment, such automatic determination and switching is removed from the monitor **200** in order to reduce a likelihood of problematic interfering crosstalk caused by such power 30 switching devices.

Activation of the up/down button 228 may advantageously adjust the volume of the pulse beep tone. Additionally, activation of the up/down button 228 within the menu setup system, causes the selection of values with various menu 35 options.

Moreover, activation of the alarm silence button 230 temporarily silences audio alarms for a predetermined period, such as, for example, about one hundred and twenty (120) seconds. A second activation of the alarm silence button 230 mutes (suspends) the alarm indefinitely, while a third activation returns the monitor 200 to standard alarm monitoring. FIG. 2 also shows the alarm silence button 230 includes an alarm silenced indicator 232. The alarm silenced indicator 232 may advantageously flash to indicate one or more alarms are temporarily silenced, may illuminate solid to indicate the alarms have been muted, or the like. Moreover, an artisan will recognize from the disclosure herein a wide variety of alarm silencing methodologies.

The monitor **200** also includes a battery level indicator **234** 50 indicating remaining battery life. In the illustrated embodiment, four LED's indicate the status of the battery by incrementally deactivating to indicate proportionally decreasing battery life. In an embodiment, the four LED's may also change color as the battery charge decreases, and the final 55 LED may begin to flash to indicate that the caregiver should replace the batteries.

FIG. 2 also shows the monitor 200 including an audio transducer or speaker 236. The speaker 236 advantageously provides audible indications of alarm conditions, pulse tone and feedback for key-presses, or the like. Moreover, the monitor 202 includes a low signal quality indicator ("SQ" or "SIQTM") 238. The signal IQ indicator 238 activates to inform a caregiver that a measured value of the quality of the incoming signal is below predetermined threshold values. For example, in an embodiment, the measured value for signal IQ is at least partially based on an evaluation of the plethysmo-

14

graph data's correspondence to predetermined models or characteristics of physiological signals. In an embodiment, the signal IQ indicator 238 output may be associated with the displayed parameter. For example, the output may be associated with one threshold for the display of  ${\rm SpO}_2$  and another for the display of other parameter data.

The monitor 200 also comprises a perfusion quality index ("PI<sup>TM</sup>") bar 240 (which quantifies the measure of perfusion of the patient) where in an embodiment a plurality of LED's activate from a bottom toward a top such that the bar "fills" to a level proportional to the measured value. In one embodiment, the PI<sup>TM</sup> bar 240 shows a static value of perfusion for a given time period, such as, for example, one or more pulses. In another embodiment, or functional setting, the PI<sup>TM</sup> bar 240 may advantageously pulse with a pulse rate, may hold the last reading and optionally fade until the next reading, may indicate historical readings through colors or fades, or the like. Additionally, the PI<sup>TM</sup> bar 240 may advantageously change colors, flash, increasingly flash, or the like to indicate worsening measured values of perfusion.

The PI<sup>TM</sup> bar 240 can be used to simply indicate inappropriate occlusion due, for example, to improper attachment of the sensor 106. The PITM bar 240 can also be used as a diagnostic tool during low perfusion for the accurate prediction of illness severity, especially in neonates. Moreover, the rate of change in the PITM bar 240 can be indicative of blood loss, sleep arousal, sever hypertension, pain management, the presence or absence of drugs, or the like. According to one embodiment, the PITM bar 240 values may comprise a measurement of the signal strength of the arterial pulse as a percentage of the total signal received. For example, in one preferred embodiment, the alternating portion of at least one intensity signal from the sensor 106 may advantageously be divided by the static portion of the signal. For example, an infrared intensity signal may advantageously be used as it is less subjective to noise.

In an embodiment, a measurement below about 1.25% may indicate medical situations in need of caregiver attention, specifically in monitored neonates. Because of the relevance of about 1.25%, the PI<sup>TM</sup> bar **240** may advantageously include level indicia **242** where the indicia **242** swap sides of the PI<sup>TM</sup> bar **240**, thus highlighting any readings below about that threshold. Moreover, behavior of the PI<sup>TM</sup> bar **240**, as discussed above, may advantageously draw attention to monitored values below such a threshold.

As discussed above, the monitor 200 may include output functionality that outputs, for example, trend perfusion data, such that a caregiver can monitor measured values of perfusion over time. Alternatively or additionally, the monitor 200 may display historical trace data on an appropriate display indicating the measured values of perfusion over time. In an embodiment, the trend data is uploaded to an external computing device through, for example, the multipurpose sensor connector 202 or other input output systems such as USB, serial or parallel ports or the like.

The monitor 200 also includes an alarm indicator 244 capable of providing visual queues of the status of one or more of the measured parameters. For example, the alarm indicator 244 may advantageously be green when all of the measured parameters are within normal conditions, may gradually fade to red, may flash, increasing flash, or the like, as one or more of the measured values approaches or passes predetermined thresholds. In an embodiment, the alarm indicator 244 activates when any parameter falls below an associated threshold, thereby advantageously informing a caregiver that perhaps a nondisplayed parameters is at an alarm condition. In another embodiment, the alarm indicator 244

may indicate the status of the parameter displayed on the multi-mode display 206. In an embodiment, the speaker 236 may sound in conjunction with and/or in addition to the indicator 244. Moreover, in an embodiment, an alarming parameter may automatically be displayed, may be emphasized, flashed, colored, combinations of the same or the like to draw a user's attention to the alarming parameter.

Although the foregoing invention has been described in terms of certain preferred embodiments, other embodiments will be apparent to those of ordinary skill in the art from the 10 disclosure herein.

FIG. 3 illustrates an exemplary display of the patient monitor 200. As shown in FIG. 3, the display includes the multimode display 206, the pulse rate display 216, parameter indicators 208, 210, the HbCO bar 212 and indicator 204, the PITM 15 bar 240, and the alarm indicator 244. In an embodiment, the multi-mode display 206 and the pulse rate display 216 each comprise a plurality of seven segment displays 302 capable of displaying alpha-numeric information. As disclosed in the foregoing, the exemplary display may advantageously 20 include color-coded parameter displays. Moreover, the exemplary display may include color progressions, flashing, flashing progressions, audible alarms, audible progressions, or the like, indicating worsening measured values of physiological data. In addition, in an embodiment, some or all of the dis- 25 plays may flash at a first rate to indicate attempts to acquire data when actual measured values are unavailable. Moreover, some or all of the display may flash at a second rate to indicate low signal quality where confidence is decreasing that the measured values reflect actual physiological conditions.

FIG. 4 illustrates the display of FIG. 3 showing measured values of SpO<sub>2</sub>, BPM, perfusion, and type of sensor, according to an exemplary embodiment of the patient monitor of FIG. 1. As shown in FIG. 4, the multi-mode display 206 is displaying a percentage value of SpO<sub>2</sub>, and the pulse rate 35 display 216 is displaying a pulse rate in beats per minute. Accordingly, the parameter indicator 210 is activated to confirm the display of measured values of SpO<sub>2</sub>. As disclosed in the foregoing, in an embodiment, the multi-mode display 206 is red, indicating blood oxygen measurements while the pulse 40 rate display 216 is green, indicating normal values of a patient's pulse.

FIG. 4 also shows the PI<sup>TM</sup> bar 240 almost fully activated, representing good perfusion. In addition, the HbCO indicator 204 is showing communication with a sensor producing 45 insufficient data to determine measured values of additional parameters, such as, HbCO. In an embodiment, such sensors may comprise sensors capable of emitting light at about two (2) different wavelengths, may comprise sensors with insufficient data stored on a memory associated therewith, or the 50 like

FIG. 5 illustrates the display of FIG. 3 showing measured values of HbCO, perfusion, and type of sensor, according to an exemplary embodiment of the patient monitor of FIG. 1. As shown in FIG. 5, the multi-mode display 206 is displaying 55 a percentage value of HbCO, and the pulse rate display 216 is displaying an appropriate message indicating the HbCO measurement, such as, for example, "CO". Also, the multi-mode display 206 has shifted the data to the left to quickly and efficiently indicate that the displayed parameter is other than SpO<sub>2</sub>. Accordingly, the parameter indicator 208 is also activated to confirm the display of measured values of HbCO. As disclosed in the foregoing, in an embodiment, the multi-mode display 206 and pulse rate display message 216 are orange.

FIG. **5** also shows the PI<sup>TM</sup> bar **240** almost fully activated, 65 representing good perfusion. In addition, the activation of the HbCO indicator **204** represents communication with a sensor

16

capable of producing sufficient data to determine measured values of HbCO. In an embodiment, such sensors may comprise sensors capable of emitting light at about eight (8) or more different wavelengths; however, such sensors may comprise about two (2) or more different wavelengths. Moreover, such sensors may have appropriate data stored on a memory associated therewith, or the like. FIG. 5 also shows the HbCO measurement being about 20% (as illustrated on the HbCO bar 212 and multi-mode display 206) thereby indicating a potentially dangerous situation that if exacerbated, will become quite problematic. Therefore, the alarm indicator 244 is also activated, and in some embodiments, the speaker 236 as well

FIG. 6 illustrates the display of FIG. 3 showing measured values of SpO<sub>2</sub>, HbCO, BPM, perfusion, and type of sensor, according to an exemplary embodiment of the patient monitor of FIG. 1. In contrast to FIG. 4, FIG. 6 shows that the monitor 200 is communicating with a sensor capable of producing sufficient data to determine measured values of HbCO, even though the displayed values are that of SpO<sub>2</sub> and BPM. Thus, FIG. 6 shows the activation of the HbCO indicator 204, and the continuous monitoring of HbCO by the HbCO bar 212. FIG. 6 also shows a high value of HbCO, and therefore, the indication of an alarm condition by activation of the alarm indicator 244. In an embodiment, upon determination of an alarm condition on a nondisplayed parameter, the monitor 200 may advantageously provide an alarm indication through speaker and alarm indicator activation, automatic toggle to the nondisplayed parameter on the multi-mode display 206 for a defined or undefined time, or the like.

FIG. 7 illustrates a top elevation view of an exemplary handheld noninvasive multi-parameter patient monitor 700 capable of displaying at least HbCO and HbMet, such as, for example, the patient monitor of FIG. 1. Patient monitors exhibiting combinations of many of the features described herein are advantageously commercially available from Masimo under the brand name "Rad 57 cm." As shown in FIG. 7, the monitor 700 comprises a monitor similar to monitor 200 disclosed with reference to FIG. 2. Moreover, monitor 700 further includes a multi-mode display 706 capable of displaying, for example, measurements of HbMet and BPM. In an embodiment, the display 706 has insufficient space or display real estate to display the many parameters capable of being measured by the monitor 700. Thus, the multi-mode display 706 may advantageously cycle through two or more measured parameters. In such embodiments, the monitor 700 may also advantageously include parameter indicators 708. 710, providing additional visual queues as to which parameter is currently displayed. In an embodiment, the display 706 may also cycle colors, flash rates, or other audio or visual queues providing readily identifiable information as to which measured parameter is displayed. For example, when the multi-mode display 706 displays measured values of BPM that are normal, the numbers may advantageously appear in green, while normal measured values of HbMet may appear in blue. Moreover, in an embodiment, the display 706 may flash at a predefined rate when searching for saturation and at another predefined rate when a signal quality is below a predetermined threshold.

FIG. 7 also illustrates the monitor 700 comprising user input keys 718, including an HbCO/HbMet button 220. In an embodiment, activation of the HbCO/HbMet button 720 toggles the measured value displayed in the multi-mode display 706. For example, activation of the HbCO/HbMet button 720 toggles the multi-mode display 206 from displaying measured values of SpO<sub>2</sub> and BPM, to HbCO and HbMet for about ten (10) seconds. Activation of the mode/enter button

222 or the next button 224 during the ten (10) second period returns the multi-mode display 706 back to SpO<sub>2</sub> and BPM. A skilled artisan will also recognize that activation of the HbCO/HbMet button 720 may advantageously toggle through a plurality of measured values, and that such values may be displayed for short segments and then return to SpO<sub>2</sub> and BPM, may remain displayed until further activation of the button 720, or the like.

The monitor 700 also comprises a coarser indication of HbMet through an HbMet bar 740. In an embodiment, a 10 plurality of LED's activate from a bottom toward a top such that the bar "fills" to a level proportional to the measured value, with increments at about 0.5%, about 1%, about 2%, about 3%, about 4%, about 5%, about 7.5%, about 10%, about 15% and greater than about 20%, although an artisan will 15 recognize from the disclosure herein other useful delineations. Additionally, the HbMet bar 740 may advantageously change colors, flash, increasingly flash, or the like to indicate worsening measured values of perfusion.

Although disclosed with reference to the HbMet bar 740. 20 and artisan will recognize from the disclosure herein other coarse or even gross indications of HbMet, or any measured parameter. For example, a single LED may advantageously show green, yellow, and red, to indicate worsening coarse light to indicate an alarm or approaching alarm condition.

FIG. 8 illustrates an exemplary display of the patient monitor 700 of FIG. 7. As shown in FIG. 8, the display includes the multi-mode displays 206, 706, parameter indicators 208, 210, 708, 710, the HbCO bar 212 and indicator 204, the HbMet bar 30 740, and the alarm indicator 244. In an embodiment, the multi-mode display 706 is similar to multi-mode display 206, comprising a plurality of seven segment displays 302 capable of displaying alpha-numeric information, and capable of altering its display characteristics or aspects in a wide variety 35 of configurations discussed with reference to the display 206.

FIG. 9 illustrates the display of FIG. 8 showing measured values of SpO2, BPM, HbCO, HbMet, and type of sensor according to an exemplary embodiment of the patient monitor of FIG. 1. FIG. 9 also shows the HbMet bar 740 near the 40 bottom and corresponding to about 1%, representing acceptable HbMet, while the HbCO bar 212 hovers at a dangerous near 20%. In addition, the HbCO indicator 204 is showing communication with a sensor producing sufficient data to determine measured values of additional parameters, such as, 45 HbMet, HbCO or the like. In an embodiment, such sensors may comprise sensors capable of emitting light of more than two (2) different wavelengths, preferably more than four (4) different wavelengths, and more preferably eight (8) or more different wavelengths.

FIG. 10 illustrates the display of FIG. 8 showing measured values of HbCO, HbMet, and type of sensor according to an exemplary embodiment of the patient monitor of FIG. 1. As shown in FIG. 10, the multi-mode display 706 is displaying a percentage value of HbMet that is shifted using the parameter 55 indicator 708. The data has been advantageously shifted to the left to quickly and efficiently indicate that the displayed parameter is other than BPM. Accordingly, the parameter indicator 708 is also activated to confirm the display of measured values of HbMet. As disclosed in the foregoing, in an 60 embodiment, the multi-mode display 706 is blue.

FIG. 10 also shows the HbMet bar 740 nearly empty, representing acceptable HbMet. In addition, the activation of the HbCO indicator 204 represents communication with a sensor capable of producing sufficient data to determine mea- 65 sured values of HbCO. In an embodiment, such sensors may have appropriate data stored on a memory associated there-

with, or the like. FIG. 10 also shows the HbCO measurement being about 20% (as illustrated on the HbCO bar 212 and multi-mode display 206) thereby indicating a potentially dangerous situation that if exacerbated, will become quite problematic. Therefore, the alarm indicator 244 is also activated, and in some embodiments, the speaker 236 as well.

18

FIG. 11A illustrates a perspective view of an exemplary noninvasive multi-parameter patient monitor 1000, such as, for example, the patient monitor of FIG. 1. Moreover, FIGS. 11B-11E illustrate exemplary display screens of the patient monitor of FIG. 11A. As shown in FIGS. 11A-11B, an embodiment of the monitor 1000 includes a display 1101 showing a plurality of parameter data. For example, the display may advantageously comprise a CRT or an LCD display including circuitry similar to that available on oximeters commercially available from Masimo Corporation of Irvine, Calif. sold under the name Radical<sup>TM</sup>, and disclosed in the U.S. patents referenced above and incorporated above. However, an artisan will recognize from the disclosure herein many commercially available display components capable of displaying multiple parameter data along with the ability to display graphical data such as plethysmographs, trend traces, and the like.

In an embodiment, the display includes a measured value values of HbMet. Alternatively, a single LED may simply 25 of SpO<sub>2</sub> 1102, a measured value of pulse rate 1104 in BPM, a plethysmograph 1106, a measured value of HbCO 1108, a measured value of HbMet 1110, a measured value of a perfusion quality 1112, a measured value of Hbt 1114, and a derived value of fractional saturation "SpaO2" 116. In an embodiment, SpaO<sub>2</sub> comprises HbO<sub>2</sub> expressed as a percentage of the four main hemoglobin species, i.e., HbO<sub>2</sub>, Hb, HbCO, and HbMet.

In an embodiment, one or more of the foregoing parameter includes trending or prediction indicators 1118 showing the current trend or prediction for that corresponding parameter. In an embodiment, the indicators 1118 may advantageously comprise an up arrow, a down arrow, and a hyphen bar to indicate up trending/prediction, down trending/prediction, or neutral trending/prediction.

FIG. 11C illustrates an exemplary display screen showing trend graph 1140 including trend line 1142 for HbMet. In an embodiment, the trend line 1142 may be advantageously colored for quick straightforward recognition of the trending parameter, may be associated with any one or more of the foregoing alarm attributes, may include trending lines for other parameters, or the like. The display screen also shows trending directional indicators 1142, 1144 for many of the displayed physiological parameters. In an embodiment, the directional indicators 1142, 1144 may advantageously comprises arrows showing the recent trend, predicted trend, usercustomizable trend, combinations thereof, or the like for the associated parameters. In an embodiment, the directional indicators 1142, 1144 comprises an up arrow indicating a rising trend/predicted trend, a middle bar indicating a somewhat stable trend/predicted trend, and a down arrow indicating a lowering trend/predicted trend. An artisan will recognize a wide variety of other directional indicators 1142, 1144 from the disclosure herein.

FIG. 11D shows an exemplary display screen in vertical format. Such vertical format could be user actuated or based on a gravity switch. FIGS. 11E-11F illustrate additional displays of various physiological parameters similar to those discussed in the foregoing. being As shown in FIG. 11G, the display includes a measured value of SpO<sub>2</sub> 1162, a measured value of pulse rate 1164 in BPM, a plethysmograph 1166, a HbCO bar 1168, and a HbMet bar 1170. In an embodiment, the HbCO bar 1168 and HbMet bar 1170 may advantageously

behave the same or similarly to the HbCO bar **212** and HbMet bar **712**. Moreover, similar bars may advantageously display any of the physiological parameters discussed herein using display indicia appropriate to that parameter. For example, a  ${\rm SpO}_2$  or  ${\rm SpaO}_2$  bar may advantageously range from about 0% 5 to about 100%, and more preferably range from about 50% to about 100%, while a Hbt bar may advantageously range from

Moreover, similar to the disclosure above, the measured value of  ${\rm SpO}_2$  1162 may advantageously toggle to measured 10 values of HbCO, HbMet, Hbt, or the like based on, for example, actuation of user input keys, or the like.

about 0 to about 30.

In addition to the foregoing, the display may also include graphical data showing one or more color-coded or other identifying indicia for traces of trend data. Moreover, other 15 graphical presentations may advantageously provide readily identifiable indications of monitored parameters or combinations of monitored parameters of the patient. For example, in an embodiment, the display includes a SpaO2 graph 1172. The SpaO<sub>2</sub> graph 1172 plots SpO<sub>2</sub> as a function of other blood 20 analytes (1-SpaO<sub>2</sub>), where SpaO<sub>2</sub> comprises HbO<sub>2</sub> expressed as a percentage of the four main hemoglobin species, i.e., HbO<sub>2</sub>, Hb, HbCO, and HbMet. Thus, as shown in FIG. 11C, as the slope of the displayed line or arrow increases, the caregiver can readily note that the majority of hemoglobin 25 carriers are being used to carry oxygen, and not, for example, harmful carbon monoxide. On the other hand, as the slope decreases, the caregiver can readily and advantageously note that the number of hemoglobin species available to carry oxygen is decreasing, regardless of the current value of SpO<sub>2</sub>. 30 Moreover, the length of the arrow or line also provides an indication of wellness, e.g., the higher the line the more oxygen saturation, the lower the line, the more likely there may be desaturation event, or the like.

Thus, the SpaO<sub>2</sub> graph 1172 provides the caregiver with the ability to recognize that even though the measured value of SpO<sub>2</sub> may be within acceptable ranges, there are potentially an unacceptable number of hemoglobin carriers unavailable for carrying oxygen, and that other potential problems may exist, such as, for example, harmful carbon monoxide levels, 40 or the like. In an embodiment, various alarm conditions may cause the graph 1172 to change color, flash, or any combination of alarm indications discussed in the forgoing. Moreover, FIG. 11I illustrates yet an additional display of the foregoing parameters.

An embodiment may also include the monitor 1000 advantageously defining regions of wellness/severity of the monitored patient. For example, because the graph 1172 comprises two dimensions, the monitor 1000 may advantageously define regions where the patient's measured physiological 50 parameters are considered acceptable, regions where the patient is critical, and the like. For example, one region of acceptability may include a high SpO<sub>2</sub> and a low 1-SpaO<sub>2</sub>, another region of risk may include a high SpO<sub>2</sub> and a high 1-SpaO<sub>2</sub>, and 55 another critical region may include a low SpO<sub>2</sub> and a high 1-SpaO<sub>2</sub>. Moreover, an artisan will recognize from the disclosure herein that different parameters may also be combined to provide readily identifiable indications of patient wellness.

In addition to or as an alternative to the two dimensional  $\mathrm{SpaO}_2$  graph 1172, the monitor 1000 may also include a three dimensional graph, such as, for example, extending the graph 1172 along the variable of time. In this embodiment, the forgoing regions advantageously become three dimensional surfaces of wellness. Moreover, trend data may also be advantageously added to the surface to provide a history of when

20

particular monitored parameters dipped in and out of various surfaces of wellness, risk, criticality, or the like. Such trend data could be color-coded, text identified, or the like. An artisan will also recognize that such surfaces may be dynamic. For example, measurements of HbCO >about 5 may dictate that trend data showing SpO<sub>2</sub><about 90% should be considered critical; however, measurements of HbCO <about 5 may dictate only SpO<sub>2</sub><about 85% would be critical. Again, an artisan will recognize from the disclosure herein other parameter combinations to create a wide variety of wellness/critical regions or surfaces that provide readily available visual or audio indications of patient well being, trigger specific alarms, or the like.

Moreover, the monitor 1000 may advantageously employ enlargement or reorganization of parameter data based on, for example, the severity of the measurement. For example, the monitor 1000 may display values for HbCO in a small portion of the screen or in the background, and when HbCO begins to approach abnormal levels, the small portion may advantageously grown as severity increases, even in some embodiments to dominate the display. Such visual alarming can be combined with audio alarms such as announcements, alarms, rising frequencies, or the like, and other visual alarms such as flashing, coloration, or the like to assist a caregiver in noticing the increasing severity of a monitored parameter. In an embodiment, a location of the display of an alarming value is changed to be displayed in a larger display area, such as 1102, so as to be readily noticeable and its display values readily ascertainable.

Although the foregoing invention has been described in terms of certain preferred embodiments, other embodiments will be apparent to those of ordinary skill in the art from the disclosure herein. For example, the monitor 100 may advantageously be adapted to monitor or be included in a monitor capable of measuring physiological parameters other than those determined through absorption spectroscopy, such as, for example, blood pressure, ECG, EKG, respiratory rates, volumes, inputs for blood pressure sensors, acoustical sensors, and the like. Moreover, the monitor 100 may be adapted for wireless communication to and from the sensor 106, and/or to and from other monitoring devices, such as, for example, multi-parameter or legacy monitoring devices.

Also, other combinations, omissions, substitutions and modifications will be apparent to the skilled artisan in view of the disclosure herein. Accordingly, the present invention is not intended to be limited by the reaction of the preferred embodiments, but is to be defined by reference to the appended claims.

Additionally, all publications, patents, and patent applications mentioned in this specification are herein incorporated by reference to the same extent as if each individual publication, patent, or patent application was specifically and individually indicated to be incorporated by reference.

What is claimed is:

1. A method of determining which of a plurality of physiological measurements to measure based on the signal quality of the signal, the method comprising:

using a sensor configured to measure at least two different physiological measurements to obtain a signal from a light sensitive detector, the sensor including at least three different light emitters emitting at least three different wavelengths of light through tissue of a living patient and detecting the light after attenuation of the tissue;

determining a signal quality of the signal;

- driving less than said at least 3 different light emitters to emit light, said driving responsive to the signal quality determination; and
- determining an output value for one of the at least two different measurements responsive to said emitted light. 5
- 2. The method of claim 1, wherein if the signal quality is low, only two of the at least three different emitters are activated
- 3. The method of claim 1, wherein if the signal quality is low, fewer different physiological measurements are measured.
- **4**. A method of informing a user of a patient monitor about one of a type of sensor communicating with the patient monitor and a type of physiological parameter determinable using the sensor communicating with the patient monitor, the method comprising:
  - receiving information from an information element associated with one of an optical sensor and a communication cable between a patient monitor and an optical sensor:
  - determining a number of wavelengths capable of being emitted by the optical sensor from the information;
  - determining a signal quality of a signal received by the optical sensor; and
  - activating an indicator of the type of physiological parameters determinable;
  - driving less than the number of wavelengths capable of being emitted by the optical sensor based on the number wavelengths emitted by the optical sensor and the signal quality of the signal.
- 5. The method of claim 4, wherein the indicator comprises a display of data determined using signals from the optical sensor
- **6**. The method of claim **4**, wherein the indicator comprises 35 a visual indicator.
- 7. The method of claim 6, wherein the visual indicator comprises a color.

- 8. The method of claim 6, wherein the visual indicator comprises an LED.
- **9**. The method of claim **8**, wherein the LED changes color based on which of the first and second sensors is attached.
- 10. The method of claim 8, wherein the LED color comprises red when the first sensor is attached and another color when another sensor is attached.
- 11. The method of claim 4, wherein the indicator comprises an audible indicator.
- 12. The method of claim 11, wherein the audible indictor comprises one or more tones.
- 13. The method of claim 11, wherein the audible indictor emits a first tone when the first sensor is attached and a different second tone when the second sensor is attached.
- 14. A physiological parameter monitor capable of improving performance by activating less light emission sources of an optical sensor, the monitor comprising a processor capable of determining a number of light emission sources available for activation on an attached sensor and capable of activating two of the plurality of light emission sources and capable of activating more than two of the plurality of light emission sources based on a signal quality received from the optical sensor.
- 15. The monitor of claim 14, wherein the processor activates two of the plurality of light emission sources to measure a first physiological parameter under low signal quality conditions.
- 16. The monitor of claim 15, wherein the processor activates more than two of the plurality of light emission sources to measure a second physiological parameter under high signal quality conditions.
- 17. The monitor of claim 15, wherein the processor activates more than two of the plurality of light emission sources to more accurately measure the first physiological parameter.
- **18**. The monitor of claim **14**, wherein the processor activates more than two of the plurality of light emission sources to measure a second physiological parameter.

\* \* \* \* \*